

1 LOCATION OF WATER WELL: County: Sedgwick		Fraction SE 1/4 SW 1/4 SE 1/4		Section Number 7		Township Number T 27 S		Range Number R 1W E																																																	
Distance and direction from nearest town or city street address of well if located within city? 1512 Woodrow Wichita, Ks.																																																									
2 WATER WELL OWNER: Robert Swann c/o Weigand Realty, Inc. RR#, St. Address, Box #: 2040 S. Rock Rd. Suite 10 City, State, ZIP Code: Wichita, Ks. 67207 Board of Agriculture, Division of Water Resources Application Number:																																																									
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 			4 DEPTH OF COMPLETED WELL: 28 ft. ELEVATION: Depth(s) Groundwater Encountered 1 ft. 2 ft. 3 ft. WELL'S STATIC WATER LEVEL 12' 4" ft. below land surface measured on mo/day/yr 5-24-90 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter _____ in. to _____ ft. and _____ in. to _____ ft. WELL WATER TO BE USED AS: <table style="width:100%;"> <tr> <td>5 Public water supply</td> <td>8 Air conditioning</td> <td>11 Injection well</td> </tr> <tr> <td>1 Domestic</td> <td>3 Feedlot</td> <td>6 Oil field water supply</td> </tr> <tr> <td>2 Irrigation</td> <td>4 Industrial</td> <td>7 <u>Lawn and garden only</u></td> </tr> <tr> <td></td> <td></td> <td>10 Monitoring well</td> </tr> </table> Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____; If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes X No _____							5 Public water supply	8 Air conditioning	11 Injection well	1 Domestic	3 Feedlot	6 Oil field water supply	2 Irrigation	4 Industrial	7 <u>Lawn and garden only</u>			10 Monitoring well																																				
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6 GROUT MATERIAL: 1 Neat cement 2 <u>Cement grout</u> 3 Bentonite 4 Other _____ Grout Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. What is the nearest source of possible contamination: <table style="width:100%;"> <tr> <td>1 Septic tank</td> <td>4 Lateral lines</td> <td>7 Pit privy</td> <td>10 Livestock pens</td> <td>14 Abandoned water well</td> </tr> <tr> <td>2 Sewer lines</td> <td>5 Cess pool</td> <td>8 Sewage lagoon</td> <td>11 Fuel storage</td> <td>15 Oil well/Gas well</td> </tr> <tr> <td>3 Watertight sewer lines</td> <td>6 Seepage pit</td> <td>9 Feedyard</td> <td>12 Fertilizer storage</td> <td>16 Other (specify below)</td> </tr> <tr> <td></td> <td></td> <td></td> <td>13 Insecticide storage</td> <td></td> </tr> </table> Direction from well? South How many feet? 5										1 Septic tank	4 Lateral lines	7 Pit privy	10 Livestock pens	14 Abandoned water well	2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage	15 Oil well/Gas well	3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage	16 Other (specify below)				13 Insecticide storage																													
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) <u>plugged under</u> my jurisdiction and was completed on (mo/day/year) 5-24-90 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 236 This Water Well Record was completed on (mo/day/yr) _____ under the business name of Harp Well and Pump Service, Inc. by (signature) <i>Mary [Signature]</i> 5-25-90																																																									
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send up three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.																																																									

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