

1 LOCATION OF WATER WELL:		Fraction	Section Number		Township Number		Range Number		
County: Sedgwick		SW 1/4 NW 1/4 SE 1/4	9		T 27 S		R 1W E/W		
Distance and direction from nearest town or city street address of well if located within city?									
7808 W. Harvest Wichita, Ks.									
2 WATER WELL OWNER: Kelly Storey		Board of Agriculture, Division of Water Resources							
RR#, St. Address, Box # : 7808 W. Harvest		Application Number:							
City, State, ZIP Code : Wichita, Ks.									
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: 50 ft. ELEVATION: 3-24-90							
1 Mile W E N S		Depth(s) Groundwater Encountered 1. 22 ft. 2. 22 ft. 3. 22 ft.							
		WELL'S STATIC WATER LEVEL 22 ft. below land surface measured on mo/day/yr							
		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 11 in. to 50 ft., and _____ in. to _____ ft.							
5 TYPE OF BLANK CASING USED:		WELL WATER TO BE USED AS:							
1 Steel		3 RMP (SR)		5 Public water supply		8 Air conditioning		11 Injection well	
2 PVC		4 ABS		6 Oil field water supply		9 Dewatering		12 Other (Specify below)	
Blank casing diameter 5 in. to 40 ft., Dia 2.29 in. to _____ ft., Dia _____ in. to _____ ft.		7 Fiberglass		7 Lawn and garden only		10 Monitoring well			
Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. .214		6 Concrete tile		Was a chemical/bacteriological sample submitted to Department? Yes _____ No X ; If yes, mo/day/yr sample was submitted _____		Water Well Disinfected? Yes X No _____			
TYPE OF SCREEN OR PERFORATION MATERIAL:		CASING JOINTS: Glued X Clamped _____							
1 Steel		3 Stainless steel		5 Fiberglass		7 RMP (SR)		10 Asbestos-cement	
2 Brass		4 Galvanized steel		6 Concrete tile		9 ABS		11 Other (specify) _____	
SCREEN OR PERFORATION OPENINGS ARE:		8 Saw cut _____ 11 None (open hole) _____							
1 Continuous slot		3 Mill slot		5 Gauzed wrapped		8 Saw cut _____		11 None (open hole) _____	
2 Louvered shutter		4 Key punched		6 Wire wrapped		9 Drilled holes			
SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.		7 Torch cut 50		10 Other (specify) _____					
GRAVEL PACK INTERVALS: From 24 ft. to 50 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.									
6 GROUT MATERIAL:		4 Other _____							
1 Neat cement		2 Cement grout		3 Bentonite		4 Other _____			
Grout Intervals: From 4 ft. to 24 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.									
What is the nearest source of possible contamination:		15 Insecticide storage _____							
1 Septic tank		4 Lateral lines		7 Pit privy		11 Fuel storage		14 Abandoned water well	
2 Sewer lines		5 Cess pool		8 Sewage lagoon		12 Fertilizer storage		15 Oil well/Gas well	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard		13 Insecticide storage 15		16 Other (specify below) _____	
Direction from well? North		How many feet? _____							
FROM	TO	LITHOLOGIC LOG		FROM	TO	PLUGGING INTERVALS			
0	3	topsoil							
3	19	clay							
19	37	fine sand							
37	50	medium sand							
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 3-24-90 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) 5-10-90 under the business name of Harp Well and Pump Service, Inc. by (signature) <i>Mary Arnold</i>									
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top 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.									