

1 LOCATION OF WATER WELL:		Fraction	Section Number		Township Number	Range Number
County: Sedgwick		SW ¼ NW ¼ SE ¼	19		T 27 S	R 1W E/W
Distance and direction from nearest town or city street address of well if located within city?						
119 N. Prescott Ct. Wichita,Ks.						
2 WATER WELL OWNER: McCoy, Bill RR#, St. Address, Box # : 119 N. Prescott Ct. City, State, ZIP Code : Wichita,Ks.						
Board of Agriculture, Division of Water Resources Application Number:						
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N +-----+ --NW-- --NE-- +-----+ --SW-- --SE-- +-----+ S E		4 DEPTH OF COMPLETED WELL.....50..... ft. ELEVATION:ft. Depth(s) Groundwater Encountered 1.....ft. 2.....ft. 3.....ft. WELL'S STATIC WATER LEVEL ..23..... ft. below land surface measured on mo/day/yr11-5-90 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..11...in. to ...50....ft., and.....in. toft. WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well 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				
5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued X Clamped 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded Blank casing diameter5.....in. to ...35.....ft., Diain. toft., Diain. toft. Casing height above land surface.....12.....in., weight2.29.....lbs./ft. Wall thickness or gauge No.214 TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) SCREEN OR PERFORATION OPENINGS ARE: 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 2 Torch cut 10 Other (specify)						
SCREEN-PERFORATED INTERVALS: From.....35.....ft. to50.....ft., From.....ft. to.....ft. GRAVEL PACK INTERVALS: From.....24.....ft. to50.....ft., From.....ft. to.....ft. From.....ft. to.....ft., From.....ft. to.....ft.						
6 GROUT MATERIAL: 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: 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) Direction from well? West How many feet? 50						
		LITHOLOGIC LOG			PLUGGING INTERVALS	
FROM	TO		FROM	TO		
0	3	topsoil				
3	17	clay				
17	31	fine sand & clay				
31	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)11-5-90.....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)3-30-91..... under the business name of Harp Well and Pump Service, Inc. by (signature) Mary Arnold						
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.						