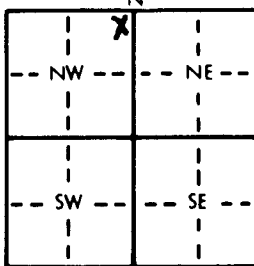


1 LOCATION OF WATER WELL:		Fraction		Section Number	Township Number	Range Number
County: <u>Sedgwick</u>		NE 1/4 NE 1/4 NW 1/4		25	T 27 S	R 1W E/W
Distance and direction from nearest town or city street address of well if located within city? <u>521 All Hallows Wichita, Kansas</u>						
2 WATER WELL OWNER: <u>Pennington, May</u>						
RR#, St. Address, Box # <u>521 All Hallows</u>						
City, State, ZIP Code <u>Wichita, Kansas</u>						
Board of Agriculture, Division of Water Resources Application Number:						
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 PLUGGED				
N 1 Mile W E S 		DEPTH OF COMPLETED WELL: <u>30</u> ft. ELEVATION:				
		Depth(s) Groundwater Encountered 1. <u>13</u> ft. 2. <u>Pit floor</u> ft. 3. <u>4-23-92</u> ft.				
		WELL'S STATIC WATER LEVEL <u>13</u> ft. below land surface measured on mo/day/yr				
		Pump test data: Well water was <u>unknown</u> ft. after <u>unknown</u> hours pumping gpm				
Est. Yield <u>unknown</u> gpm Well water was <u>unknown</u> ft. after <u>unknown</u> hours pumping gpm		Bore Hole Diameter <u>unknown</u> in. to <u>unknown</u> ft., and <u>unknown</u> in. to <u>unknown</u> ft.				
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 <u>X</u> No <u> </u> ; If yes, mo/day/yr sample was submitted						
Water Well Disinfected? Yes <u>X</u> No <u> </u>						
5 TYPE OF BLANK CASING USED:						
1 Steel 3 RMP (SR)		5 Wrought iron 8 Concrete tile		CASING JOINTS: Glued <u> </u> Clamped <u> </u>		
2 PVC 4 ABS		6 Asbestos-Cement 9 Other (specify below)		Welded <u> </u>		
Blank casing diameter <u>1 1/4</u> in. to <u> </u> ft., Dia <u> </u> in. to <u> </u> ft., Dia <u> </u> in. to <u> </u> ft.		7 Fiberglass		Threaded <u>X</u>		
Casing height above land surface <u>10</u> in., weight <u> </u> lbs./ft. Wall thickness or gauge No. <u> </u>		TYPE OF SCREEN OR PERFORATION MATERIAL:				
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR)		10 Asbestos-cement <u>NA</u>				
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS		11 Other (specify) <u>NA</u>				
SCREEN OR PERFORATION OPENINGS ARE:		12 None used (open hole)				
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)		9 Drilled holes				
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) <u>NA</u>						
SCREEN-PERFORATED INTERVALS: From <u>NA</u> ft. to <u>NA</u> ft., From <u> </u> ft. to <u> </u> ft., From <u> </u> ft. to <u> </u> ft.						
GRAVEL PACK INTERVALS: From <u> </u> ft. to <u> </u> ft., From <u> </u> ft. to <u> </u> ft., From <u> </u> ft. to <u> </u> ft.						
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite <u>hole plug</u>						
Grout Intervals: From <u>3</u> ft. to <u>25</u> ft., From <u> </u> ft. to <u> </u> ft., From <u> </u> ft. to <u> </u> 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		11 Fuel storage 15 Oil well/Gas well				
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)		13 Insecticide storage				
3 Watertight sewer lines 6 Seepage pit 9 Feedyard		How many feet? <u>20</u>				
Direction from well? <u>East</u>						
FROM TO LITHOLOGIC LOG		FROM TO PLUGGING INTERVALS				
0 3		cement grout				
3 25		bentonite hole plug				
25 30		chlorinated 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) <u>4-23-92</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>236</u> This Water Well Record was completed on (mo/day/yr) <u>5-29-92</u> under the business name of <u>Harp Well and Pump Service, Inc.</u> by (signature) <u>Mary Arnold</u>						
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 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.						

OFFICE USE ONLY

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