

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number		
County: SEDGWICK		NW 1/4 NW 1/4 NW 1/4	27	T 27 S	R 16W EW		
Distance and direction from nearest town or city?			Street address of well if located within city?				
			440 So Summit Lawn WICHITA, KANSAS				
2 WATER WELL OWNER: NORTON TURNER							
RR#, St. Address, Box #: 440 30. Summit Lawn							
City, State, ZIP Code: WICHITA, KANSAS							
Board of Agriculture, Division of Water Resources Application Number:							
3 DEPTH OF COMPLETED WELL: 80 ft. Bore Hole Diameter: 11 in. to . . . ft., and . . . in. to . . . ft.							
Well Water to be used as:							
1 Domestic		3 Feedlot	5 Public water supply	8 Air conditioning	11 Injection well		
2 Irrigation		4 Industrial	6 Oil field water supply	9 Dewatering	12 Other (Specify below)		
		7 Lawn and garden only	10 Observation well				
Well's static water level: 25 ft. below land surface measured on 2 month 4 day 1980 year							
Pump Test Data: Well water was . . . ft. after . . . hours pumping. . . gpm							
Est. Yield gpm: Well water was . . . ft. after . . . hours pumping. . . gpm							
4 TYPE OF BLANK CASING USED:							
1 Steel		3 RMP (SF)	5 Wrought iron	8 Concrete tile	Casing Joints: Glued X Clamped . . .		
2 PVC		4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded . . .		
			7 Fiberglass		Threaded. . .		
Blank casing dia: 5 in. to 60 ft., Dia . . . in. to . . . ft., Dia . . . in. to . . . ft.							
Casing height above land surface: 12 in., weight . . . lbs./ft. Wall thickness or gauge No: 200							
TYPE OF SCREEN OR PERFORATION MATERIAL:							
1 Steel		3 Stainless steel	5 Fiberglass	8 RMP (SF)	10 Asbestos-cement		
2 Brass		4 Galvanized steel	6 Concrete tile	9 ABS	11 Other (specify)		
					12 None used (open hole)		
Screen or Perforation Openings Are:							
1 Continuous slot		3 Mill slot	5 Gauzed wrapped	8 Saw cut .06	11 None (open hole)		
2 Louvered shutter		4 Key punched	6 Wire wrapped	9 Drilled holes			
			7 Torch cut	10 Other (specify)			
Screen-Perforation Dia: 5 in. to 80 ft., Dia . . . in. to . . . ft., Dia . . . in. to . . . ft.							
Screen-Perforated Intervals: From 60 ft. to 80 ft., From . . . ft. to . . . ft., From . . . ft. to . . . ft.							
Gravel Pack Intervals: From 14 ft. to 80 ft., From . . . ft. to . . . ft., From . . . ft. to . . . ft.							
5 GROUT MATERIAL:							
1 Neat cement		2 Cement grout	3 Bentonite	4 Other			
Grouted Intervals: From 240 ft. to 14 ft., From . . . ft. to . . . ft., From . . . ft. to . . . ft.							
What is the nearest source of possible contamination:							
1 Septic tank		4 Cess pool	7 Sewage lagoon	10 Fuel storage	14 Abandoned water well		
2 Sewer lines		5 Seepage pit	8 Feed yard	11 Fertilizer storage	15 Oil well/Gas well		
3 Lateral lines		6 Pit privy	9 Livestock pens	12 Insecticide storage	16 Other (specify below)		
Direction from well: EAST How many feet: 100 ? Water Well Disinfected? Yes X No							
Was a chemical/bacteriological sample submitted to Department? Yes . . . No X If yes, date sample was submitted . . . month . . . day . . . year: Pump Installed? Yes X No							
If Yes: Pump Manufacturer's name: MCDONALD Model No. . . HP 1/2 Volts 230							
Depth of Pump Intake: 50 ft. Pumps Capacity rated at 10 gal./min.							
Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other							
6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on . . . 2 month . . . 4 day 1980 year							
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 . . . 2 month . . . 25 day 1980 year under the business name of HARP WELL & PUMP SERVICE, INC. (signature) M. Arnold							
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		0	3	TOP SOIL			
		3	10	CLAY			
		10	48	FINE SAND			
		48	58	MED SAND			
		58	63	CLAY			
		63	80	MED SAND			
ELEVATION:							
Depth(s) Groundwater Encountered 1. 25 ft. 2. . . ft. 3. . . ft. 4. . . ft. (Use a second sheet if needed)							

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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

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