

1 LOCATION OF WATER WELL: County: SEDGWICK	Fraction NE 1/4 NW 1/4 NW 1/4	Section Number 27	Township Number T 27 S	Range Number R 1 W EW
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Distance and direction from nearest town or city street address of well if located within city?

343 Ralston Wichita, KS.

2 WATER WELL OWNER:	Phyllis Johnson	
RR#, St. Address, Box # :	343 Ralston	Board of Agriculture, Division of Water Resources
City, State, ZIP Code :	Wichita, Kansas	Application Number:

3	LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF COMPLETED WELL..... 60 ft. ELEVATION:
			Depth(s) Groundwater Encountered: 1 25 # 2 # 3 #

	Depth(s) Groundwater Encountered 1. <u>44</u> ft. 2. <u>44</u> ft. 3. <u>44</u> ft.																
	WELL'S STATIC WATER LEVEL <u>25</u> ft. below land surface measured on mo/day/yr <u>10-23-87</u>																
	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 <u>11</u> in. to _____ ft., and _____ in. to _____ ft.																
	WELL WATER TO BE USED AS: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">5 Public water supply</td> <td style="width: 33%;">8 Air conditioning</td> <td style="width: 33%;">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 Lawn and garden only</td> </tr> <tr> <td></td> <td></td> <td>10 Observation well</td> </tr> <tr> <td></td> <td></td> <td>12 Other (Specify below) _____</td> </tr> </table>		5 Public water supply	8 Air conditioning	11 Injection well	1 Domestic	3 Feedlot	6 Oil field water supply	2 Irrigation	4 Industrial	7 Lawn and garden only			10 Observation well			12 Other (Specify below) _____
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		12 Other (Specify below) _____															
	Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> _____; If yes, mo/day/yr sample was submitted _____																
	Water Well Disinfected? Yes _____ No <u>X</u> _____																

5 TYPE OF BLANK CASING USED:		5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued . ☒ . Clamped
1 Steel	3 <u>RMP (SR)</u>	6 Asbestos-Cement	9 Other (specify below)	Welded
2 PVC	4 ABS	7 Fiberglass	... Cer-Mac styrene SDR-26 Threaded	

Blank casing diameter . . . 5 . . . in. to . . . 40 . . . ft. Dia . . . in. to . . . ft. Dia . . . in. to . . . ft.
Casing height above land surface . . . 12 . . . in., weight . . . 1.59 . . . lbs./ft. Wall thickness or gauge No. . . .203

TYPE OF SCREEN OR PERFORATION MATERIAL:			7 PVC	10 Asbestos-cement
1 Steel	3 Stainless steel	5 Fiberglass	<u>8 RMP (SR)</u>	11 Other (specify)
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped	8 Saw cut	11 None (open hole)
1 Continuous slot	3 Mill slot	6 Wire wrapped	9 Drilled holes	
2 Louvered shutter	4 Key punched	7 Torch cut	10 Other (specify)	

SCREEN-PERFORATED INTERVALS: From 40 ft. to 60 ft., From ft. to ft.
From ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From 24 ft. to 60 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 <u>Sewer lines</u>	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?	60'

Direction from well?	West	How many feet?	60'
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[illegible]

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) 10-23-87 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) 3-31-88

under the business name of Harp Well & Pump Service, Inc. by (signature) Makes 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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.