

1 LOCATION OF WATER WELL		Fraction <u>SE SW SWNE</u>	Section Number <u>29</u>	Township Number <u>T-27 S</u>	Range Number <u>R-14 W</u>
County: <u>SEDGWICK</u>		<u>SE</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$			
Distance and direction from nearest town or city?			Street address of well if located within city? <u>631. N1ETH</u>		

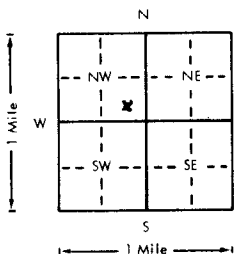
2 WATER WELL OWNER: <u>JIM. BAKER</u>		Board of Agriculture, Division of Water Resources Application Number:
RR#, St. Address, Box #: <u>631. N1ETH. CALLAHAN ADDITION.</u>		
City, State, ZIP Code: <u>WICHITA KANSAS 67209</u>		

3 DEPTH OF COMPLETED WELL: <u>100</u> ft. Bore Hole Diameter: <u>8 1/2</u> in. to <u>14</u> ft. and <u>6 1/2</u> in. to <u>100</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 Observation well
Well's static water level: <u>40</u> ft. below land surface measured on <u>TAPE</u> month <u>5</u> day <u>14</u> year <u>1982</u>	
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:		5 Wrought iron	8 Concrete tile	Casing Joints: Glued ☒ Clamped _____
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded _____
2 PVC	4 ABS	7 Fiberglass		Threaded _____
Blank casing dia: <u>4 1/2</u> in. to <u>100</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.				
Casing height above land surface: <u>12</u> in., weight <u>10.20</u> lbs./ft. Wall thickness or gauge No. <u>190</u>				
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 PVC	10 Asbestos-cement	
1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	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-Perforation Dia: <u>4 1/2</u> in. to <u>20</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.				
Screen-Perforated Intervals: From <u>80</u> ft. to <u>100</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.				
Gravel Pack Intervals: From <u>20</u> ft. to <u>100</u> 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 _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:		10 Fuel storage	14 Abandoned water well		
1 Septic tank	4 Cess pool	7 Sewage lagoon	11 Fertilizer storage	15 Oil well/Gas well	
2 Sewer lines	5 Seepage pit	8 Feed yard	12 Insecticide storage	16 Other (specify below)	
3 Lateral lines	6 Pit privy	9 Livestock pens	13 Watertight sewer lines		
Direction from well: <u>S-E</u> How many feet: <u>40</u> ? Water Well Disinfected? Yes ☒ No _____					
Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____ If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes _____ No _____					
If Yes: Pump Manufacturer's name _____ Model No. _____ HP _____ Volts _____					
Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ 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 _____ month _____ day _____ year	
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>404</u>	
This Water Well Record was completed on _____ month _____ day _____ year under the business name of <u>HAROLD LEE WELL-DRILLING</u> by (signature) <u>Harold Lee</u>	

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	0	3	SOIL	79	84	SAND + GRAVEL
	3	5	CLAY	84	86	GRAVEL
	5	15	SAND	86	100	CLAY
	15	28	CLAY			
	18	30	SAND			
	30	33	CLAY			
	35	41	MISAND			
	41	45	CLAY			
	45	55	MFCOARSE SAND			
55	75	CLAYEY-SAND				
ELEVATION:	75	79	CLAY			

Depth(s) Groundwater Encountered 1. <u>35</u> ft. 2. <u>45</u> ft. 3. <u>80</u> ft. 4. _____ ft.	(Use a second sheet if needed)
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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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EWD

SEC.

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SE 1/4 SE 1/4 NW 1/4