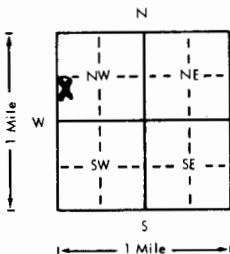


1 LOCATION OF WATER WELL		Fraction	Section Number		Township Number	Range Number
County: <u>SEDGWICK</u>		NW 1/4 SW 1/4 NW 1/4	19		T 28 S	R 1 W E/W
Distance and direction from nearest town or city?			Street address of well if located within city?			
			5020 S. 119th St. W., Wichita, Ks.			
2 WATER WELL OWNER: Fred Gray						
RR#, St. Address, Box # : 4123 Broadway			Board of Agriculture, Division of Water Resources			
City, State, ZIP Code : Wichita, Ks.			Application Number:			
3 DEPTH OF COMPLETED WELL... 110... ft. Bore Hole Diameter... 11... in. to... ft. and... in. to... 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... 35... ft. below land surface measured on... 8... month... 11... day... 80... 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 (SR)	5 Wrought iron	8 Concrete tile	Casing Joints: Glued ☒ Clamped	
2 PVC		4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded	
			7 Fiberglass		Threaded	
Blank casing dia... 5... in. to... 40... 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	7 PVC	10 Asbestos-cement	
2 Brass		4 Galvanized steel	6 Concrete tile	8 RMP (SR)	11 Other (specify)	
				9 ABS	12 None used (open hole)	
Screen or Perforation Openings Are:		5 Gauzed wrapped		8 Saw cut .06	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... 5... in. to... 110... ft. Dia... in. to... ft. Dia... in. to... ft.						
Screen-Perforated Intervals: From... 90... ft. to... 110... ft. From... ft. to... ft. From... ft. to... ft.						
Gravel Pack Intervals: From... 14... ft. to... 110... 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... 0... ft. to... 14... ft. From... ft. to... ft. From... ft. to... ft.						
What is the nearest source of possible contamination:		7 Sewage lagoon		10 Fuel storage	14 Abandoned water well	
1 Septic tank		4 Cess pool	8 Feed yard	11 Fertilizer storage	15 Oil well/Gas well	
2 Sewer lines		5 Seepage pit	9 Livestock pens	12 Insecticide storage	16 Other (specify below)	
3 Lateral lines		6 Pit privy		13 Watertight sewer lines		
Direction from well... South... How many feet... 200... ?		Water Well Disinfected? Yes ☒ No				
Was a chemical/bacteriological sample submitted to Department? Yes... No ☒ If yes, date sample was submitted... month... day... year						
If Yes: Pump Manufacturer's name... Red Jacket... Model No... 300TI... HP... 3... Volts... 230						
Depth of Pump Intake... 65... ft. Pumps Capacity rated at... 50... 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... 8... month... 11... day... 80... 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... 10... month... 23... day... 1980... year under the business name of Harp Well & Pump by (signature) M. Arnold						
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM	TO	LITHOLOGIC LOG	FROM	TO
		0	3	Topsoil		
		3	35	Clay		
		35	62	Medium Sand with Silt		
		62	87	Clay		
		87	110	Medium Sand		
ELEVATION:						
Depth(s) Groundwater Encountered 1... 35... 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.						