

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number																
County: <u>Sedgwick</u>		<u>NE 1/4</u> <u>NE 1/4</u> <u>NE 1/4</u>	<u>20</u>	<u>T 28 S</u>	<u>R 1 W EW</u>																
Distance and direction from nearest town or city street address of well if located within city? <u>47th St. So. & Tyler Rd.</u> <u>Wichita, Kansas</u>																					
2 WATER WELL OWNER: <u>Mrs. E. A. Long</u>																					
RR#, St. Address, Box # : _____																					
City, State, ZIP Code : <u>Clearwater, Kansas 67026</u>																					
Board of Agriculture, Division of Water Resources Application Number: _____																					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>50</u> ft. ELEVATION: _____																			
N 1 Mile W E S <table border="1" style="margin: auto; text-align: center;"><tr><td></td><td></td><td></td><td>X</td></tr><tr><td>NW</td><td></td><td>NE</td><td></td></tr><tr><td>SW</td><td></td><td>SE</td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>					X	NW		NE		SW		SE						Depth(s) Groundwater Encountered 1. <u>25</u> ft. 2. _____ ft. 3. _____ ft.			
					X																
		NW		NE																	
		SW		SE																	
WELL'S STATIC WATER LEVEL <u>25</u> ft. below land surface measured on mo/day/yr <u>5-27-83</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:																					
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																					
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 <u>X</u> No _____																					
5 TYPE OF BLANK CASING USED:																					
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <u>X</u> Clamped _____																					
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____																					
Blank casing diameter <u>5</u> in. to <u>35</u> ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.																					
Casing height above land surface <u>12</u> in., weight <u>1.59</u> lbs./ft. Wall thickness or gauge No. <u>203</u>																					
TYPE OF SCREEN OR PERFORATION MATERIAL:																					
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 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 11 None (open hole)																					
2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes																					
7 Torch cut 10 Other (specify) _____																					
SCREEN-PERFORATED INTERVALS: From <u>35</u> ft. to <u>50</u> ft., From _____ ft. to _____ ft.																					
GRAVEL PACK INTERVALS: From <u>14</u> ft. to <u>50</u> ft., From _____ ft. to _____ ft.																					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____																					
Grout Intervals: From <u>4</u> ft. to <u>14</u> 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 Sewer lines 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) _____																					
13 Insecticide storage _____																					
Direction from well? <u>East</u> How many feet? <u>25</u>																					
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG																
0	3	Topsoil																			
3	17	Clay																			
17	34	Fine Sand																			
34	50	Medium Sand																			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>5-27-83</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>6-25-83</u> under the business name of <u>Harp Well & Pump Service, Inc.</u> by (signature) <u>Mr. 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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.																					