

1 LOCATION OF WATER WELL:		Fraction	Pump WVO-3	RSA 62a-1212	Section Number	Township Number	Range Number												
County: Sedgwick		SW ¼	SE ¼	SE ¼	23	T 28 S	R 1W E/W												
Distance and direction from nearest town or city street address of well if located within city?																			
4320 W. 55th S. Wichita, Kansas																			
2 WATER WELL OWNER: Mears, Marshall																			
RR#, St. Address, Box # : 4320 W. 55th S.		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 45 ft. ELEVATION:																	
		Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft. WELL'S STATIC WATER LEVEL 15 ft. below land surface measured on mo/day/yr 8-14-91 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 11 in. to 45 ft., and in. to ft. WELL WATER TO BE USED AS: <table border="0"><tr><td>5 Public water supply</td><td>8 Air conditioning</td><td>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>9 Dewatering</td><td>12 Other (Specify below)</td><td></td></tr></table> Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes X No						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	9 Dewatering	12 Other (Specify below)	
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5 TYPE OF BLANK CASING USED:		CASING JOINTS: Glued X Clamped																	
1 Steel		3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded														
2 PVC		4 ABS	7 Fiberglass	SDR-26	Threaded														
Blank casing diameter 5 in. to 25 ft. Dia in. to ft. Dia in. to ft.																			
Casing height above land surface 12 in. weight 2.29 lbs./ft. Wall thickness or gauge No. 214																			
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 PVC																	
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)														
SCREEN OR PERFORATION OPENINGS ARE:		12 None used (open hole)																	
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															
3 Torch cut		10 Other (specify)																	
SCREEN-PERFORATED INTERVALS: From 25 ft. to 45 ft. From ft. to ft.																			
GRAVEL PACK INTERVALS: From 24 ft. to 45 ft. From ft. to ft.																			
6 GROUT MATERIAL:		4 Other																	
1 Neat cement		2 Cement grout	3 Bentonite																
Grout Intervals: From 4 ft. to 24 ft. From ft. to ft.																			
What is the nearest source of possible contamination:		10 Livestock pens																	
1 Septic tank		4 Lateral lines	7 Pit privy	14 Abandoned water well															
2 Sewer lines		5 Cess pool	8 Sewage lagoon	15 Oil well/Gas well															
3 Watertight sewer lines		6 Seepage pit	9 Feedyard	12 Fertilizer storage															
				16 Other (specify below)															
Direction from well? Northwest		How many feet? 75																	
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS																			
0 3 topsoil																			
3 12 clay																			
12 23 fine sand																			
23 45 medium sand																			
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) 8-14-91 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) 12-2-91																			
under the business name of Harp Well and Pump Service, Inc. by (signature) Mary 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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.																			