

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number
County: SEDGWICK		NW 1/4 NE 1/4 NW 1/4	1	T 28 S	R 2W E 1
Distance and direction from nearest town or city? 1192 ft. W. + 54 highway 1 1/2 mi. 3/4 W. 1/2 mi.			Street address of well if located within city?		
2 WATER WELL OWNER: GABBERT & JONES full, Muldond					
RR#, St. Address, Box # : 830 SUTTON PLACE			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : WICHITA, KANSAS 67202			Application Number:		
3 DEPTH OF COMPLETED WELL : 75 ft. Bore Hole Diameter : 11 in. to . . . ft., and . . . in. to . . . ft.					
Well Water to be used as:					
1 Domestic		3 Feedlot	5 Public water supply	8 Air conditioning	11 Injection well
2 Irrigation		4 Industrial	6 On field water supply	9 Dewatering	12 Other (Specify below)
			7 Lawn and garden only	10 Observation well	
Well's static water level : 43 ft. below land surface measured on . . . month 25 day 1980 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 . . . 6 in. to . . . 55 ft. Dia . . . in. to . . . ft. Dia . . . in. to . . . ft.					
Casing height above land surface . . . 12 in., weight . . . 3.96 lbs./ft. Wall thickness or gauge No . . . 316					
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 106	11 None (open hole)
2 Louvered shutter		4 Key punched	6 Wire wrapped	9 Drilled holes	
			7 Torch cut	10 Other (specify)	
Screen-Perforation Dia . . . 6 in. to . . . 75 ft. Dia . . . in. to . . . ft. Dia . . . in. to . . . ft.					
Screen-Perforated Intervals: From . . . 55 ft. to . . . 75 ft. From . . . ft. to . . . ft. From . . . ft. to . . . ft.					
Gravel Pack Intervals: From . . . 14 ft. to . . . 75 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 . . . 40" to . . . 14 ft. From . . . ft. to . . . ft. From . . . ft. to . . . ft.					
What is the nearest source of possible contamination:					
1 Septic tank		4 Cess pool	7 Sewage lagoon	11 Fertilizer storage	14 Abandoned water well
2 Sewer lines		5 Seepage pit	8 Feed yard	12 Insecticide storage	15 Oil well/Gas well
3 Lateral lines		6 Pit privy	9 Livestock pens	13 Watertight sewer lines	16 Other (specify below)
NO APPARENT SOURCE					
Direction from well . . . How many feet . . . ? 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 . . . 1 month . . . 25 day 1980 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 . . . 2 month . . . 15 day 1980 year under the business name of HARP WELL & PUMP SERVICE INC by (signature) M. Arnold					
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM TO LITHOLOGIC LOG		FROM TO LITHOLOGIC LOG	
		0 3 TOPSOIL			
		3 60 CLAY			
		60 63 FINE SAND			
		63 68 CLAY			
		68 75 GREY SHALE			
ELEVATION:					
Depth(s) Groundwater Encountered 1. 60 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.

OFFICE USE ONLY

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NW 1/4 NE 1/4 NW 1/4