

1 LOCATION OF WATER WELL:		Fraction	Township Number	Range Number
County: Sedgwick		NW ¼ SW ¼ NW ¼	Section Number T 28 S	R 2W E/W
Distance and direction from nearest town or city street address of well if located within city? 2640 S. 215th N. Wichita, Kansas				
2 WATER WELL OWNER: Huff, Marion				
RR#, St. Address, Box #: 1930 N. Minnesota 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 60 . . . ft. ELEVATION:		
 N NW --- NE SW --- SE S		Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.		
		WELL'S STATIC WATER LEVEL 40 . . . ft. below land surface measured on mo/day/yr . . . 2-4-92 . . .		
		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 . . . 12 . . . in. to . . . 60 . . . 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 Monitoring well		
		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 TYPE OF BLANK CASING USED:				
Blank casing diameter . . . 5 . . . in. to . . . 40 . . . 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:				
SCREEN OR PERFORATION OPENINGS ARE:				
SCREEN-PERFORATED INTERVALS:				
GRAVEL PACK INTERVALS:				
6 GROUT MATERIAL:				
Grout Intervals: From . . . 4 . . . ft. to . . . 24 . . . ft., From . . . ft. to . . . ft., From . . . ft. to . . . ft.				
What is the nearest source of possible contamination:				
Direction from well?				
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS				
0 3 topsoil				
3 31 clay				
31 41 fine sand				
41 50 medium sand				
50 60 grey shale				
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) . . . 2-4-92 . . . 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) . . . 5-4-92 . . .				
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 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.				