

1 LOCATION OF WATER WELL		Fraction		Section Number		Township Number		Range Number	
County: <u>SEDGWICK</u>		<u>SW</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$		<u>23</u>		<u>T</u> <u>28</u> <u>S</u>		<u>R</u> <u>2</u> <u>W</u> <u>E/W</u>	
Distance and direction from nearest town or city?				Street address of well if located within city?					
				<u>14805 W. 49th St. So. Wichita, Ks.</u>					
2 WATER WELL OWNER: <u>Charles Stein Constr. Spec. House</u>									
RR#, St. Address, Box #: <u>1207 W. 42nd St. So, Apt. 1</u>						Board of Agriculture, Division of Water Resources			
City, State, ZIP Code: <u>Wichita, Ks.</u>						Application Number:			
3 DEPTH OF COMPLETED WELL: <u>96</u> ft. Bore Hole Diameter: <u>1.1</u> 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 Oil field water supply		9 Dewatering		12 Other (Specify below)	
				7 Lawn and garden only		10 Observation well		<u>Spec. House</u>	
Well's static water level: <u>28</u> ft. below land surface measured on <u>9</u> month <u>19</u> day <u>80</u> 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: <u>Glued</u> <u>X</u> <u>Clamped</u>	
2 PVC		4 ABS		6 Asbestos-Cement		9 Other (specify below)		<u>Welded</u>	
				7 Fiberglass				<u>Threaded</u>	
Blank casing dia: <u>5</u> in. to <u>40</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.									
Casing height above land surface: <u>12</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>200</u>									
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:									
1 Continuous slot		3 Mill slot		5 Gauzed wrapped		8 Saw cut		<u>.06</u> 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: <u>5</u> in. to <u>96</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.									
Screen-Perforated Intervals: From <u>40</u> ft. to <u>96</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.									
Gravel Pack Intervals: From <u>14</u> ft. to <u>96</u> 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 <u>40</u> ft. to <u>14</u> 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		10 Fuel storage		14 Abandoned water well	
2 Sewer lines		5 Seepage pit		8 Feed yard		11 Fertilizer storage		15 Oil well/Gas well	
3 Lateral lines		6 Pit privy		9 Livestock pens		12 Insecticide storage		16 Other (specify below)	
						13 Watertight sewer lines		<u>None Apparent</u>	
Direction from well: _____ How many feet: _____ ? Water Well Disinfected? Yes <u>X</u> No _____									
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> If yes, date sample was submitted _____ month _____ day _____ year									
Pump Installed? Yes <u>X</u> No _____									
If Yes: Pump Manufacturer's name: <u>Fairbanks Morse</u> Model No. _____ HP <u>2</u> Volts <u>1230</u>									
Depth of Pump Intake: <u>50</u> ft. Pumps Capacity rated at <u>30</u> 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 _____ month _____ day _____ year									
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 _____ month _____ day _____ year under the business name of <u>Harp Well & Pump Service, Inc.</u> by (signature) <u>M. Arnold</u>									
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:									
		FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG		
		0	3	Topsoil					
		3	24	Clay					
		24	28	Fine Sand with Clay Streaks					
		248	31	Fine Sand					
		31	40	Clay					
		40	45	Fine Sand					
45	50	Clay							
50	96	Blue Blue Shale							
ELEVATION:									
Depth(s) Groundwater Encountered 1. <u>28</u> 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.