

1 LOCATION OF WATER WELL		Fraction		Section Number		Township Number		Range Number	
County: <u>SEDGWICK</u>		<u>NW 1/4 NW 1/4 NW 1/4</u>		<u>33</u>		<u>T 28 S</u>		<u>R 4 W E/W</u>	
Distance and direction from nearest town or city? <u>3 S. of McArthur</u> Street address of well if located within city? <u>on the Rd. that runs right into Milton & Suppesville, Ks. on E. side of Rd.</u>									
2 WATER WELL OWNER: <u>Lynn & Lyle Smith</u>									
RR#, St. Address, Box #: <u>Cheney, Ks.</u>									
City, State, ZIP Code: _____ Board of Agriculture, Division of Water Resources Application Number: _____									
3 DEPTH OF COMPLETED WELL <u>100</u> ft. Bore Hole Diameter <u>12</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			
Well's static water level <u>3.0</u> ft. below land surface measured on <u>10</u> month <u>9</u> day <u>8.0</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: Glued ☒ Clamped _____	
2 PVC		4 ABS		6 Asbestos-Cement		9 Other (specify below)		Welded _____	
				7 Fiberglass				Threaded _____	
Blank casing dia <u>5</u> in. to <u>30</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		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-Perforation Dia <u>5</u> in. to <u>100</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.									
Screen-Perforated Intervals: From <u>30</u> ft. to <u>100</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.									
Gravel Pack Intervals: From <u>10</u> ft. to <u>100</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>0</u> ft. to <u>10</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 ☒ 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 _____ 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 <u>12</u> month <u>1</u> day <u>1989</u> year under the business name of <u>Harp Well & Pump Serv., 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	2	Topsoil					
		2	8	Clay					
		8	32	Red Shale					
		32	50	Blue Shale					
		50	93	Red Shale					
93	100	Blue Shale							
ELEVATION: _____									
Depth(s) Groundwater Encountered 1. <u>30</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.

OFFICE USE ONLY

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