

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number					
County: Sedgwick		ne ¼ se ¼ se ¼		4		T 25s S		R 1e E/W					
Distance and direction from nearest town or city street address of well if located within city? 117th & Hillside NW Corner				Global Positioning System (decimal degrees, min. of 4 digits)									
2 WATER WELL OWNER: Muhammad Rahman RR#, St. Address, Box # : 1901 E first street City, State, ZIP Code : Newton, Ks 67114				Latitude: _____									
				Longitude: _____									
				Elevation: _____									
				Datum: _____									
Data Collection Method: _____													
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 105 ft.											
<div style="text-align: center;"> N <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">NW</td> <td style="width: 20px; text-align: center;">NE</td> </tr> <tr> <td style="width: 20px; text-align: center;">SW</td> <td style="width: 20px; text-align: center;">SE</td> </tr> </table> S </div>		NW	NE	SW	SE	Depth(s) Groundwater Encountered _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL 33 ft. below land surface measured on mo/day/yr Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield 13 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well							
		NW	NE										
		SW	SE										
		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 CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued x Clamped 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded 2 PVC 4 ABS 7 Fiberglass Threaded													
Blank casing diameter 5 in. to 40 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface 12 in., Weight 2.40 lbs./ft. Wall thickness or gauge No. 160psi													
TYPE OF SCREEN OR PERFORATION MATERIAL:		TYPE OF SCREEN OR PERFORATION OPENINGS ARE:											
1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 9 ABS 11 Other (specify) 2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)		1 Continuous slot 3 Mill slot 5 Gauge wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)											
SCREEN-PERFORATED INTERVALS:		GRAVEL PACK INTERVALS:											
From _____ ft. to _____ ft.		From _____ ft. to _____ ft.											
From _____ ft. to _____ ft.		From _____ ft. to _____ ft.											
From _____ ft. to _____ ft.		From _____ ft. to _____ ft.											
From _____ ft. to _____ ft.		From _____ ft. to _____ ft.											
6 GROUT MATERIAL:		6 GROUT MATERIAL:											
1 Neat cement 2 Cement grout 3 Bentonite 4 Other		1 Neat cement 2 Cement grout 3 Bentonite 4 Other											
Grout Intervals From 3 ft. to 33 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.		Grout Intervals From 3 ft. to 33 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.											
What is the nearest source of possible contamination:		What is the nearest source of possible contamination:											
1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well		1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well											
Direction from well? _____		How many feet? _____											
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:		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) 6-25-07 and this record is true to the best of my knowledge and belief.		This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 6-25-07 and this record is true to the best of my knowledge and belief.											
Kansas Water Well Contractor's License No. 740 This Water Well Record was completed on (mo/day/year) 7-01-07		Kansas Water Well Contractor's License No. 740 This Water Well Record was completed on (mo/day/year) 7-01-07											
under the business name of Weninger Drilling Inc. by (signature) _____		under the business name of Weninger Drilling Inc. by (signature) _____											
INSTRUCTIONS: Please fill in blanks or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell .													