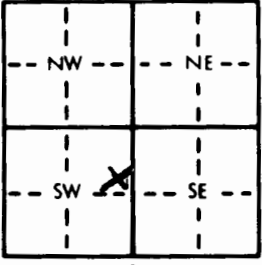


1 LOCATION OF WATER WELL: County: <u>Sedgwick</u>		Fraction <u>1/4</u> <u>N</u> <u>1/4</u> <u>SW</u> <u>1/4</u>	Section Number <u>17</u>	Township Number T <u>26</u> S	Range Number R <u>1</u> E/N
Distance and direction from nearest town or city street address of well if located within city? <u>5636 N. Armstrong Wichita, KS.</u>					
2 WATER WELL OWNER: <u>Marie Hess</u> RR#, St. Address, Box #: <u>5636 N. Armstrong</u> City, State, ZIP Code: <u>Wichita, KS 67204</u> Board of Agriculture, Division of Water Resources Application Number:					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 		4 DEPTH OF COMPLETED WELL: <u>35</u> ft. ELEVATION: Depth(s) Groundwater Encountered 1. <u>18</u> ft. 2. ft. 3. ft. WELL'S STATIC WATER LEVEL <u>18</u> ft. below land surface measured on mo/day/yr <u>2-10-98</u> 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 in. to ft., and in. to ft. WELL WATER TO BE USED AS: <input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below) <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes <input checked="" type="checkbox"/> No			
5 TYPE OF BLANK CASING USED: 1 Steel <input checked="" type="checkbox"/> 2 PVC <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 4 ABS <input type="checkbox"/> 5 Wrought iron <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 7 Fiberglass <input type="checkbox"/> 8 Concrete tile <input type="checkbox"/> 9 Other (specify below) Blank casing diameter <u>5</u> in. to <u>18</u> ft., Dia. in. to ft., Dia. in. to ft. Casing height above land surface <u>18</u> in., weight <u>2.60</u> lbs./ft. Wall thickness or gauge No. <u>160PVC</u> TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel <input type="checkbox"/> 2 Brass <input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 4 Galvanized steel <input type="checkbox"/> 5 Fiberglass <input type="checkbox"/> 6 Concrete tile <input type="checkbox"/> 7 PVC <input checked="" type="checkbox"/> 8 RMP (SR) <input type="checkbox"/> 9 ABS <input type="checkbox"/> 10 Asbestos-cement <input type="checkbox"/> 11 Other (specify) <input type="checkbox"/> 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot <input type="checkbox"/> 2 Louvered shutter <input type="checkbox"/> 3 Mill slot <input checked="" type="checkbox"/> 4 Key punched <input type="checkbox"/> 5 Gauzed wrapped <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 7 Torch cut <input type="checkbox"/> 8 Saw cut <input type="checkbox"/> 9 Drilled holes <input type="checkbox"/> 10 Other (specify) <input type="checkbox"/> 11 None (open hole) SCREEN-PERFORATED INTERVALS: From <u>18</u> ft. to <u>35</u> ft., From ft. to ft. GRAVEL PACK INTERVALS: From <u>18</u> ft. to <u>35</u> ft., From ft. to ft. FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS					
6 GROUT MATERIAL: 1 Neat cement <input type="checkbox"/> 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other <input type="checkbox"/> Grout Intervals: From <u>3</u> ft. to <u>18</u> ft., From ft. to ft., From ft. to ft. What is the nearest source of possible contamination: 1 Septic tank <input type="checkbox"/> 2 Sewer lines <input checked="" type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 13 Insecticide storage <input type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 15 Oil well/Gas well <input type="checkbox"/> 16 Other (specify below) <input type="checkbox"/> Direction from well? <u>East</u> How many feet? <u>185</u>					
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) <u>2-10-98</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>318</u> This Water Well Record was completed on (mo/day/yr) <u>2-11-98</u> under the business name of <u>Weninger Drilling, Inc.</u> by (signature) <u>Susan K. Weninger</u>					
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, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					