

1 LOCATION OF WATER WELL		Fracture	Section Number	Township Number	Range Number
County: <u>Sedgwick</u>		<u>SE 1/4 SW 1/4 SW 1/4</u>	<u>18</u>	<u>T 26 S</u>	<u>R 1 E</u>
Distance and direction from nearest town or city?			Street address of well if located within city?		
			<u>5449 No Sedgwick, Wichita KS.</u>		
2 WATER WELL OWNER: <u>LEEWOOD HOMES.</u>					
RR#, St. Address, Box #: <u>6130 LEGION</u>					
City, State, ZIP Code: <u>WICHITA KS 67204</u>					
Board of Agriculture, Division of Water Resources Application Number:					
3 DEPTH OF COMPLETED WELL: <u>36</u> ft. Bore Hole Diameter: <u>1 1/2</u> in. to <u>36</u> 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"/> 5 Public water supply <input type="checkbox"/> 8 Air conditioning <input type="checkbox"/> 11 Injection well <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below) <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 10 Observation well					
Well's static water level: <u>21</u> ft. below land surface measured on month <u>3</u> day <u>8</u> year					
Pump Test Data: Well water was <u>22</u> ft. after <u>1 1/2</u> hours pumping: <u>20</u> gpm					
Est. Yield: <u>30</u> gpm: Well water was ft. after hours pumping gpm					
4 TYPE OF BLANK CASING USED:					
<input type="checkbox"/> 1 Steel <input checked="" type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 5 Wrought iron <input type="checkbox"/> 8 Concrete tile Casing Joints: Glued <input checked="" type="checkbox"/> Clamped <input type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 9 Other (specify below) Welded <input type="checkbox"/> 7 Fiberglass Threaded					
Blank casing dia. <u>5</u> in. to <u>25</u> ft. Dia. in. to ft. Dia. in. to ft.					
Casing height above land surface: <u>12</u> in., weight <u>1.59</u> lbs./ft. Wall thickness or gauge No. <u>SDR 26</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
<input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 5 Fiberglass <input checked="" type="checkbox"/> 8 RMP (SR) <input type="checkbox"/> 2 Brass <input type="checkbox"/> 4 Galvanized steel <input type="checkbox"/> 6 Concrete tile <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:					
<input type="checkbox"/> 1 Continuous slot <input checked="" type="checkbox"/> 3 Mill slot <input type="checkbox"/> 5 Gauzed wrapped <input type="checkbox"/> 8 Saw cut <input type="checkbox"/> 11 None (open hole) <input type="checkbox"/> 2 Louvered shutter <input type="checkbox"/> 4 Key punched <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 9 Drilled holes <input type="checkbox"/> 7 Torch cut <input type="checkbox"/> 10 Other (specify)					
Screen-Perforation Dia. <u>5</u> in. to <u>36</u> ft. Dia. in. to ft. Dia. in. to ft.					
Screen-Perforated Intervals: From <u>25</u> ft. to <u>36</u> ft. From ft. to ft. From ft. to ft.					
Gravel Pack Intervals: From <u>15</u> ft. to <u>36</u> ft. From ft. to ft. From ft. to ft.					
5 GROUT MATERIAL:					
<input type="checkbox"/> 1 Neat cement <input checked="" type="checkbox"/> 2 Cement grout <input type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other Grouted Intervals: From <u>5</u> ft. to <u>15</u> ft. From ft. to ft. From ft. to ft.					
What is the nearest source of possible contamination:					
<input type="checkbox"/> 1 Septic tank <input type="checkbox"/> 4 Cess pool <input type="checkbox"/> 7 Sewage lagoon <input type="checkbox"/> 10 Fuel storage <input type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 5 Seepage pit <input type="checkbox"/> 8 Feed yard <input type="checkbox"/> 11 Fertilizer storage <input type="checkbox"/> 15 Oil well/Gas well <input checked="" type="checkbox"/> 3 Lateral lines <input type="checkbox"/> 6 Pit privy <input type="checkbox"/> 9 Livestock pens <input type="checkbox"/> 12 Insecticide storage <input type="checkbox"/> 16 Other (specify below) <input type="checkbox"/> 13 Watertight sewer lines					
Direction from well: <u>W</u> How many feet: <u>75</u> ? Water Well Disinfected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
Was a chemical/bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/> If yes, date sample was submitted month day year: Pump Installed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
If Yes: Pump Manufacturer's name Model No. HP Volts					
Depth of Pump Intake ft. Pumps Capacity rated at gal./min.					
Type of pump: <input type="checkbox"/> 1 Submersible <input type="checkbox"/> 2 Turbine <input type="checkbox"/> 3 Jet <input type="checkbox"/> 4 Centrifugal <input type="checkbox"/> 5 Reciprocating <input type="checkbox"/> 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 <u>3</u> day <u>31</u> year <u>81</u>					
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>31881</u>					
This Water Well Record Was completed on month <u>3</u> day <u>31</u> year <u>81</u>					
name of <u>Whinger Drilling</u> by (signature) <u>[Signature]</u>					
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		LITHOLOGIC LOG			
		FROM	TO	LITHOLOGIC LOG	
		<u>0</u>	<u>2</u>	<u>Top 5 ft. Red clay</u>	
		<u>2</u>	<u>16</u>	<u>Med gravel</u>	
		<u>16</u>	<u>36</u>		
ELEVATION:					
Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft. 4. ft. (Use a second sheet if needed)					

OFFICE USE ONLY

T

26

R

1

CEM

SEC.

18

SE 1/4 SW 1/4 SW 1/4

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.