

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number			
County: <u>Sedgewick</u> NW <u>SE</u> 1/4 NW 1/4 SW 1/4		<u>18</u>		<u>26</u> S		<u>1</u> EW					
Distance and direction from nearest town or city street address of well if located within city? <u>5701 North St. Clair</u>											
2 WATER WELL OWNER: <u>Bob Burgan</u>											
RR#, St. Address, Box #: <u>5701 N. St. Clair</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>34</u> ft.		ELEVATION:							
		Depth(s) Groundwater Encountered 1. <u>16</u> ft. 2. <u>16</u> ft. 3. <u>16</u> ft.		WELL'S STATIC WATER LEVEL <u>16</u> ft. below land surface measured on mo/day/yr <u>9-28-83</u>							
		Pump test data: Well water was <u>16</u> ft. after <u>1/2</u> hours pumping <u>20</u> gpm									
		Est. Yield <u>50</u> gpm: Well water was <u>16</u> ft. after <u>1/2</u> hours pumping <u>20</u> gpm									
		Bore Hole Diameter <u>50</u> in. to <u>16</u> ft. and <u>1/2</u> in. to <u>20</u> ft.									
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well											
1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)											
2 Irrigation 4 Industrial <u>7 Lawn and garden only</u> 10 Observation well											
Was a chemical/bacteriological sample submitted to Department? Yes <u>X</u> No <u>X</u> ; If yes, mo/day/yr sample was submitted											
Water Well Disinfected? Yes <u>X</u> No <u>X</u>											
5 TYPE OF BLANK CASING USED:											
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <u>X</u> Clamped <u>X</u>											
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded <u>X</u>											
Blank casing diameter <u>5</u> in. to <u>05</u> ft. Dia <u>12</u> in. to <u>1.59</u> ft. Dia <u>30R 26</u>											
Casing height above land surface <u>12</u> in., weight <u>1.59</u> lbs./ft. Wall thickness or gauge No. <u>30R 26</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)											
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 INTERVALS: From <u>25</u> ft. to <u>34</u> ft. From <u>16</u> ft. to <u>34</u> ft.											
GRAVEL PACK INTERVALS: From <u>16</u> ft. to <u>34</u> ft. From <u>16</u> ft. to <u>34</u> ft.											
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other											
Grout Intervals: From <u>6</u> ft. to <u>16</u> ft. From <u>16</u> ft. to <u>34</u> ft.											
What is the nearest source of possible contamination:											
1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well											
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well											
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)											
13 Insecticide storage											
Direction from well? <u>SW South West</u> How many feet? <u>60</u>											
FROM		TO		LITHOLOGIC LOG		FROM		TO		LITHOLOGIC LOG	
0		2		Top Soil							
2		9		Clay							
9		34		Sand							
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>9-28-83</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>9-28-83</u> under the business name of <u>Weminger Drilling</u> by (signature) <u>Weminger Drilling</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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.											