

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Sedgwick</u>		<u>NW 1/4 SE 1/4 NW 1/4</u>	<u>20</u>	T <u>26</u> S	R <u>10</u> EW
Distance and direction from nearest town or city street address of well if located within city? <u>See Below</u>					

2 WATER WELL OWNER: <u>Joe Holoubek</u>		Board of Agriculture, Division of Water Resources Application Number:
RR#, St. Address, Box #: <u>5230 N. Armstrong</u>		
City, State, ZIP Code: <u>Wichita KS.</u>		

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>43</u> ft. ELEVATION:	
		Depth(s) Groundwater Encountered 1. <u>12</u> ft. 2. <u>12-9-92</u> ft. 3. <u>12-9-92</u> ft.	
		WELL'S STATIC WATER LEVEL <u>12</u> ft. below land surface measured on mo/day/yr <u>12-9-92</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:		5 Wrought iron		8 Concrete tile		CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____	
1 Steel		3 RMP (SR)		6 Asbestos-Cement		9 Other (specify below)	
<input checked="" type="checkbox"/> 2 PVC		4 ABS		7 Fiberglass		Welded _____	
Blank casing diameter <u>5</u> in. to <u>34</u> ft. Dia <u>2.60</u> in. to _____ ft. Dia _____ in. to _____ ft.						Threaded _____	
Casing height above land surface <u>12</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		3 Stainless steel		5 Fiberglass		<input checked="" type="checkbox"/> 7 PVC	
2 Brass		4 Galvanized steel		6 Concrete tile		8 RMP (SR)	
						11 Other (specify) _____	
						12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:							
1 Continuous slot		<input checked="" type="checkbox"/> 3 Mill slot		5 Gauzed wrapped		8 Saw cut	
2 Louvered shutter		4 Key punched		6 Wire wrapped		9 Drilled holes	
				7 Torch cut		10 Other (specify) _____	
						11 None (open hole)	
SCREEN-PERFORATED INTERVALS:							
From <u>34</u> ft. to <u>43</u> 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.	
GRAVEL PACK INTERVALS:							
From <u>12</u> ft. to <u>43</u> 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:		1 Neat cement		<input checked="" type="checkbox"/> 2 Cement grout		3 Bentonite		4 Other _____	
Grout intervals: From <u>3</u> ft. to <u>12</u> ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
What is the nearest source of possible contamination:									
<input checked="" type="checkbox"/> 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)	
Direction from well? <u>EAST</u>						How many feet? <u>200</u>			

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<u>0</u>	<u>2</u>	<u>top soil</u>			
<u>2</u>	<u>8</u>	<u>clay</u>			
<u>8</u>	<u>27</u>	<u>med Sand</u>			
<u>27</u>	<u>29</u>	<u>clay</u>			
<u>29</u>	<u>42</u>	<u>good gravel</u>			
<u>43</u>	<u>43</u>	<u>blue clay + shale</u>			

7 CONTRACTOR'S OR LANDOWNERS CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>12-9-92</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>12-9-92</u> under the business name of <u>Weninger Drilling Inc.</u> by (signature) <u>Susan K. Weninger</u>	
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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.