

1 LOCATION OF WATER WELL: County: <u>SEDGWICK</u>		Fraction <u>NW 1/4</u> <u>8th</u> <u>SW 1/4</u> <u>4th</u>	Section Number <u>20</u>	Township Number <u>26 S</u>	Range Number <u>1 W</u>																																													
Distance and direction from nearest town or city street address of well if located within city? <u>4932 Kimberly Lane - Wichita</u>																																																		
2 WATER WELL OWNER: RR#, St. Address, Box # : <u>JOHN WENINGER</u> <u>4917 ALEXANDER</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>41</u> ft. ELEVATION:																																																
		Depth(s) Groundwater Encountered 1. <u>16</u> ft. 2. ft. 3. ft.																																																
		WELL'S STATIC WATER LEVEL ft. below land surface measured on mo/day/yr <u>10-2-87</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>75</u> gpm: Well water was ft. after hours pumping gpm																																																
		Bore Hole Diameter <u>11</u> in. to <u>41</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"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 11 Injection well <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 10 Observation well <input type="checkbox"/> 12 Other (Specify below)																																																
		Was a chemical/bacteriological sample submitted to Department? Yes.....No <u>X</u>; If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes <u>X</u> No																																																
5 TYPE OF BLANK CASING USED: 1 Steel <input checked="" type="radio"/> 3 RMP (SR) 2 PVC <input type="radio"/> 4 ABS		5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <u>X</u> Clamped 6 Asbestos-Cement 9 Other (specify below) Welded 7 Fiberglass Threaded																																																
Blank casing diameter in. to <u>31</u> ft., Dia. in. to ft., Dia. in. to ft. Casing height above land surface <u>12</u> in., weight <u>159</u> lbs./ft. Wall thickness or gauge No. <u>SRR-216</u>																																																		
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass <input checked="" type="radio"/> 8 RMP (SR) 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)		7 PVC 10 Asbestos-cement 11 Other (specify) SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot <input checked="" type="radio"/> 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-PERFORATED INTERVALS: From <u>31</u> ft. to <u>41</u> ft., From ft. to ft. From ft. to ft., From ft. to ft.																																																		
GRAVEL PACK INTERVALS: From <u>16</u> ft. to <u>41</u> ft., From ft. to ft. From ft. to ft., From ft. to ft.																																																		
6 GROUT MATERIAL: Grout Intervals: From <u>3</u> ft. to <u>16</u> ft., From ft. to ft., From ft. to ft.		1 Neat cement <input checked="" type="radio"/> 2 Cement grout 3 Bentonite 4 Other What is the nearest source of possible contamination: <input checked="" type="radio"/> 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>70</u>																																																
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="radio"/> (1) constructed <input type="radio"/> (2) reconstructed, or <input type="radio"/> (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>10-2-87</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>10-2-87</u> under the business name of <u>JOHN WENINGER DRILLING</u> by (signature) <u>[Signature]</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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.																																																		