

1) LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Sedgwick		<u>NE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$	12	T 27 S	R 2 <u>E</u> NK
Distance and direction from nearest town or city street address of well if located within city? 15130 Sundance Ct. Wichita, KS 67230					
2) WATER WELL OWNER: Jeff Wiltz RR#, St. Address, Box # : 15130 Sundance Ct. City, State, ZIP Code : Wichita, KS 67230 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: 100 ft. ELEVATION: _____			
Diagram: A square divided into four smaller squares labeled NW, NE, SW, and SE. An 'X' is drawn in the center of the entire square.		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL 15 ... ft. below land surface measured on mo/day/yr ... 4/22/97			
		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 . . . 9 . . . in. to . . . 100 . . . ft., and . . . in. to . . . 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 ⑦ Lawn and garden only 10 Monitoring well			
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		3 RMP (SR)		CASING JOINTS: Glued <u>X</u> Clamped _____	
② PVC		4 ABS		Welded _____	
		5 Wrought iron		Threaded _____	
		6 Asbestos-Cement			
		7 Fiberglass			
		8 Concrete tile			
		9 Other (specify below)			
Blank casing diameter 5 in. to . . . 40 ft., Dia in. to ft., Dia in. to ft.					
Casing height above land surface 12 in., weight lbs./ft. Wall thickness or gauge No. . . SDR26					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel		10 Asbestos-cement	
2 Brass		4 Galvanized steel		11 Other (specify) _____	
		5 Fiberglass		12 None used (open hole)	
		6 Concrete tile			
		8 RMP (SR)			
		9 ABS			
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot		3 Mill slot		⑧ Saw cut	
2 Louvered shutter		4 Key punched		11 None (open hole)	
		5 Gauzed wrapped		9 Drilled holes	
		6 Wire wrapped		10 Other (specify) _____	
		7 Torch cut			
SCREEN-PERFORATED INTERVALS: From . . . 40 . . . ft. to . . . 100 . . . ft., From . . . ft. to . . . ft.					
From . . . ft. to . . . ft., From . . . ft. to . . . ft.					
GRAVEL PACK INTERVALS: From . . . 20 . . . ft. to . . . 100 . . . ft., From . . . ft. to . . . ft.					
From . . . ft. to . . . ft., From . . . ft. to . . . ft.					
6) GROUT MATERIAL: 1 Neat cement 2 Cement grout ③ Bentonite 4 Other _____					
Grout Intervals: From . . . 4 . . . ft. to . . . 20 . . . ft., From . . . ft. to . . . ft., From . . . ft. to . . . ft.					
What is the nearest source of possible contamination:					
1 Septic tank		4 Lateral lines		10 Livestock pens	
2 Sewer lines		5 Cess pool		11 Fuel storage	
3 Watertight sewer lines		6 Seepage pit		12 Fertilizer storage	
		7 Pit privy		13 Insecticide storage	
		8 Sewage lagoon		14 Abandoned water well	
		9 Feedyard		15 Oil well/Gas well	
				16 Other (specify below)	
Direction from well? _____ How many feet? _____					
FROM		TO		LITHOLOGIC LOG	
FROM		TO		PLUGGING INTERVALS	
0		24		Clay	
24		40		Clay & Shale	
40		55		Lime	
55		65		Shale	
65		85		Shale with Lime Streaks	
85		100		Cherty Lime	
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) . . . 4/22/97 . . . and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. . . . 171 . . . This Water Well Record was completed on (mo/day/yr) . . . 4/24/97 . . . under the business name of G & S Drilling, Inc. by (signature) _____					
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.					