

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number																																																																			
County: Sedgwick		SW ¼ SW ¼ SE ¼		5		T 29s S		R 2e E/W																																																																			
Distance and direction from nearest town or city street address of well if located within city? 624 Bel Rue				Global Positioning System (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____																																																																							
2 WATER WELL OWNER: Buckert Const RR#, St. Address, Box # : Po box 780405 City, State, ZIP Code : Wichita, Ks 67278																																																																											
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 77 ft.																																																																									
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL 19 ft. below land surface measured on mo/day/yr Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield 20 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well																																																																									
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No x ; If yes, mo/day/yr Sample was submitted _____ Water Well Disinfected? Yes x No _____																																																																									
		5 TYPE OF CASING USED: 1 Steel 3 RMP (SR) 6 Asbestos-Cement 8 Concrete tile CASING JOINTS: Glued x Clamped 2 PVC 4 ABS 7 Fiberglass 9 Other (specify below) Welded _____ Threaded																																																																									
		Blank casing diameter 5 in. to 30 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface 12 in., Weight 2.40 lbs./ft. Wall thickness or gauge No. 160psi																																																																									
		TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 9 ABS 11 Other (specify) _____ 2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)																																																																									
		SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 Mill slot 5 Guaze wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) _____																																																																									
		SCREEN-PERFORATED INTERVALS: From 30 ft. to 77 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From 20 ft. to 77 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 3 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 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify below) 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well																																																																									
		Direction from well? South How many feet? 15																																																																									
		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>1</td> <td>Top soil</td> <td></td> <td></td> <td></td> </tr> <tr> <td>1</td> <td>20</td> <td>Clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>20</td> <td>30</td> <td>Fine/Med sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>30</td> <td>77</td> <td>limestone</td> <td></td> <td></td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>								FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0	1	Top soil				1	20	Clay				20	30	Fine/Med sand				30	77	limestone																																							
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		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) 4-9-09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 740 This Water Well Record was completed on (mo/day/year) 4-28-09 under the business name of Weninger Drilling Inc. by (signature) _____																																																																									
INSTRUCTIONS: Please fill in blanks or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell .																																																																											