

1 LOCATION OF WATER WELL: County: <u>Sedgwick</u>		Fraction <u>1/4 SW 1/4 SW 1/4</u>	Section Number <u>31</u>	Township Number T <u>26</u> S	Range Number R <u>1</u> E <u>N</u>																																																												
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>Geraldine Faber</u> RR#, St. Address, Box #: <u>11500 W. 29th N.</u> City, State, ZIP Code: <u>Wichita, KS 67205</u> Board of Agriculture, Division of Water Resources Application Number: <u>43239</u>																																																																	
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 		4 DEPTH OF COMPLETED WELL: <u>137</u> ft. ELEVATION: Depth(s) Groundwater Encountered 1. <u>26</u> ft. 2. <u>109</u> ft. 3. _____ ft. WELL'S STATIC WATER LEVEL <u>26</u> ft. below land surface measured on mo/day/yr <u>7/22/98</u> Pump test data: Well water was <u>43</u> ft. after <u>48</u> hours pumping <u>850</u> gpm Est. Yield <u>1000</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter: <u>30</u> in. to <u>137</u> 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) <u>2 Irrigation</u> 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 sub- mitted _____ Water Well Disinfected? <u>Yes</u> No																																																															
5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: <u>Glued</u> Clamped <u>2 PVC</u> 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded Blank casing diameter <u>16</u> in. to <u>97</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. Casing height above land surface <u>12</u> in. weight <u>16</u> lbs./ft. Wall thickness or gauge No. <u>1/2"</u> TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass <u>7 PVC</u> 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 <u>3 Mill slot</u> 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>97</u> ft. to <u>137</u> ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>97</u> ft. to <u>70</u> ft. From <u>109</u> ft. to <u>137</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.																																																																	
6 GROUT MATERIAL: 1 Neat cement <u>2 Cement grout</u> 3 Bentonite 4 Other Grout intervals: From <u>0</u> ft. to <u>20</u> ft. From <u>70</u> ft. to <u>109</u> 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 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 <u>16 Other (specify below)</u> Direction from well? _____ How many feet? <u>Open Field</u>																																																																	
<table><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>10</td><td>Topsoil - Red</td><td></td><td></td><td></td></tr><tr><td>10</td><td>26</td><td>Red Clay</td><td></td><td></td><td></td></tr><tr><td>26</td><td>58</td><td>Fine - Medium Sand Unsorted</td><td></td><td></td><td></td></tr><tr><td>58</td><td>70</td><td>Medium Sand Unsorted</td><td></td><td></td><td></td></tr><tr><td>70</td><td>80</td><td>Gray Clay</td><td></td><td></td><td></td></tr><tr><td>80</td><td>83</td><td>Blue Clay</td><td></td><td></td><td></td></tr><tr><td>83</td><td>109</td><td>Gray Clay</td><td></td><td></td><td></td></tr><tr><td>109</td><td>137</td><td>Fine - Medium Sand Unsorted</td><td></td><td></td><td></td></tr><tr><td>137</td><td></td><td>Red Shale</td><td></td><td></td><td></td></tr></tbody></table>						FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0	10	Topsoil - Red				10	26	Red Clay				26	58	Fine - Medium Sand Unsorted				58	70	Medium Sand Unsorted				70	80	Gray Clay				80	83	Blue Clay				83	109	Gray Clay				109	137	Fine - Medium Sand Unsorted				137		Red Shale			
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1) constructed</u> (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>7/3/98</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>238</u> This Water Well Record was completed on (mo/day/yr) <u>7/3/98</u> under the business name of <u>Weninger Irrigation</u> by (signature) <u>Cathy Weninger</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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.																																																																	