

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number
County: <u>Sedgwick</u>		<u>SW 1/4 SW 1/4 SW 1/4</u>	<u>16</u>	T <u>26</u> S	R <u>1</u> E <u>(W)</u>
Distance and direction from nearest town or city? <u>1 E 1/4 N. Maize</u>			Street address of well if located within city?		

2 WATER WELL OWNER: <u>Cramner Grass Farm</u>		Board of Agriculture, Division of Water Resources
RR#, St. Address, Box #: <u>2501 N. Maize Rd.</u>		Application Number: <u>34283</u>
City, State, ZIP Code: <u>Wichita, KS 67205</u>		

3 DEPTH OF COMPLETED WELL: <u>107</u> ft. Bore Hole Diameter: <u>30</u> in. to <u>107</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) 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well
Well's static water level: <u>12</u> ft. below land surface measured on _____ month _____ day _____ year	
Pump Test Data: Well water was <u>30</u> ft. after _____ hour pumping. <u>1000</u> gpm	
Est. Yield <u>1200</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm	

4 TYPE OF BLANK CASING USED:		5 Wrought iron	8 Concrete tile	Casing Joints: Glued _____ Clamped <u>X</u>
1 Steel	3 RMP (SR)	<u>6</u> Asbestos-Cement	9 Other (specify below)	Welded _____
2 PVC	4 ABS	7 Fiberglass		Threaded _____
Blank casing dia: <u>16</u> in. to <u>55</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.				
Casing height above land surface: <u>12</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>3/4"</u>				
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 PVC	<u>10</u> Asbestos-cement	
1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	11 Other (specify) _____
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	12 None used (open hole)
Screen or Perforation Openings Are:		5 Gauzed wrapped	<u>8</u> Saw cut	11 None (open hole)
1 Continuous slot	3 Mill slot	6 Wire wrapped	9 Drilled holes	
2 Louvered shutter	4 Key punched	7 Torch cut	10 Other (specify) _____	
Screen-Perforation Dia: <u>16</u> in. to _____ ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.				
Screen-Perforated Intervals: From <u>55</u> ft. to <u>107</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.				
Gravel Pack Intervals: From <u>10</u> ft. to <u>107</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.				

5 GROUT MATERIAL:		1 Neat cement	<u>2</u> Cement grout	3 Bentonite	4 Other _____
Grouted Intervals: From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:		10 Fuel storage	14 Abandoned water well		
1 Septic tank	4 Cess pool	7 Sewage lagoon	11 Fertilizer storage	15 Oil well/Gas well	
2 Sewer lines	5 Seepage pit	8 Feed yard	12 Insecticide storage	<u>16</u> Other (specify below)	
3 Lateral lines	6 Pit privy	9 Livestock pens	13 Watertight sewer lines	<u>None</u>	
Direction from well _____ How many feet _____ ?		Water Well Disinfected? Yes _____ No <u>X</u>			
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u>		If yes, date sample was submitted _____ month _____ day _____ year	Pump Installed? Yes _____ No <u>X</u>		
If Yes: Pump Manufacturer's name _____		Model No. _____	HP _____	Volts _____	
Depth of Pump Intake _____ ft.		Pumps Capacity rated at _____ gal./min.			
Type of pump:		1 Submersible	2 Turbine	3 Jet	4 Centrifugal
		5 Reciprocating	6 Other		

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on _____ month _____ day _____ year	
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 _____ month _____ day _____ year under the business name of <u>Weninger Irrigation</u> by (signature) <u>Kathleen Weninger</u>	

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	0	1	Topsoil			
	1	4	Fine sand			
	4	10	Clay & Fine Sand			
	10	12	Clay			
	12	20	Med. Sand			
	20	24	Clay			
	24	30	Fine Sand			
	30	32	Clay			
	32	41	Med. Sand			
	41	46	Clay			
	46	107	Coarse Sand			

ELEVATION: 1350

Depth(s) Groundwater Encountered 1. 12 ft. 2. 32 ft. 3. 46 ft. 4. _____ ft. (Use a second sheet if needed)

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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

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SW 1/4 SW 1/4 SW 1/4