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| 1 LOCATION OF WATER WELL: Fraction ne ¼ sw ¼ sw ¼                                                                                                                                                                                                                                                                                                                                                                                       |    |          | Section Number 31                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Township Number T 27s S |  | Range Number R 1w E/W |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |
| County: Sedgwick                                                                                                                                                                                                                                                                                                                                                                                                                        |    |          | Global Positioning System (decimal degrees, min. of 4 digits)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                         |  |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |
| Distance and direction from nearest town or city street address of well if located within city?<br>2245 N Milstead Ct                                                                                                                                                                                                                                                                                                                   |    |          | Latitude: _____<br>Longitude: _____<br>Elevation: _____<br>Datum: _____<br>Data Collection Method: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                         |  |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |
| 2 WATER WELL OWNER: Randy Bosley<br>RR#, St. Address, Box # : 2245 N milstead<br>City, State, ZIP Code : Wichita, Ks 67216                                                                                                                                                                                                                                                                                                              |    |          | 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:<br><div><div>N</div><div>W<div><div>NWNE</div><div>SWSE</div></div>E</div><div>S</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                         |  |                       | 4 DEPTH OF COMPLETED WELL 84 ft.<br>Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.<br>WELL'S STATIC WATER LEVEL 29 ft. below land surface measured on mo/day/yr _____<br>Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm<br>Est. Yield 20 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm<br>WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well<br>1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)<br>2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well<br>Was a chemical/bacteriological sample submitted to Department? Yes _____ No x ; If yes, mo/day/yr _____<br>Sample was submitted _____ Water Well Disinfected? Yes x No _____ |  |  |  |  |
| 5 TYPE OF CASING USED:<br>1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below)<br>2 PVC 4 ABS 7 Fiberglass                                                                                                                                                                                                                                                                                                                      |    |          | CASING JOINTS: Glued x Clamped<br>Welded<br>Threaded<br>Blank casing diameter 5 in. to 74 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.<br>Casing height above land surface 12 in., Weight 2.40 lbs./ft. Wall thickness or gauge No. 160psi                                                                                                                                                                                                                                                                                                                        |  |                         |  |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:<br>1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 9 ABS 11 Other (specify)<br>2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)                                                                                                                                                                                                                    |    |          | SCREEN OR PERFORATION OPENINGS ARE:<br>1 Continuous slot 3 Mill slot 5 Guaze wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)<br>2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)                                                                                                                                                                                                                                                                                                                                                             |  |                         |  |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |
| SCREEN-PERFORATED INTERVALS: From 74 ft. to 84 ft. From _____ ft. to _____ ft.<br>From _____ ft. to _____ ft. From _____ ft. to _____ ft.<br>GRAVEL PACK INTERVALS: From 29 ft. to 74 ft. From _____ ft. to _____ ft.<br>From _____ ft. to _____ ft. From _____ ft. to _____ ft.                                                                                                                                                        |    |          | 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other<br>Grout Intervals From 3 ft. to 29 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.<br>What is the nearest source of possible contamination:<br>1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify below)<br>2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well<br>3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well<br>Direction from well? South How many feet? 25 |  |                         |  |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |
| FROM TO LITHOLOGIC LOG                                                                                                                                                                                                                                                                                                                                                                                                                  |    |          | FROM TO PLUGGING INTERVALS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                         |  |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1  | Top soil |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                         |  |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                       | 19 | Clay     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                         |  |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |
| 19                                                                                                                                                                                                                                                                                                                                                                                                                                      | 30 | Gravel   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                         |  |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |
| 30                                                                                                                                                                                                                                                                                                                                                                                                                                      | 74 | Clay     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                         |  |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |
| 74                                                                                                                                                                                                                                                                                                                                                                                                                                      | 84 | Gravel   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                         |  |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |
| 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) 3-30-09 and this record is true to the best of my knowledge and belief.<br>Kansas Water Well Contractor's License No. 740 This Water Well Record was completed on (mo/day/year) 4-5-09<br>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.                       |    |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                         |  |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |