

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |                                                                                                                                                                                                                                                                                                            |          |                                                                      |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--|--|--|--|
| <b>1 LOCATION OF WATER WELL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |                                                                                                                                                                                                                                                                                                            | Fraction | Section Number                                                       |                    | Township Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Range Number      |  |  |  |  |
| County: Sedgwick                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | SW ¼ | SE ¼                                                                                                                                                                                                                                                                                                       | SW ¼     | <b>14</b>                                                            | T                  | <b>27S</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | S R <b>1W</b> E/W |  |  |  |  |
| Distance and direction from nearest town or city street address of well if located within city? 5223 W Elm<br>Wichita, Ks                                                                                                                                                                                                                                                                                                                                                                   |      |                                                                                                                                                                                                                                                                                                            |          | <b>Global Positioning System</b> (decimal degrees, min. of 4 digits) |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |  |  |  |  |
| <b>2 WATER WELL OWNER: Richard Schauf</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |                                                                                                                                                                                                                                                                                                            |          | Latitude: _____                                                      |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |  |  |  |  |
| RR#, St. Address, Box # : 101 w ave C                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |                                                                                                                                                                                                                                                                                                            |          | Longitude: _____                                                     |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |  |  |  |  |
| City, State, ZIP Code : Garden Plain, Ks.                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |                                                                                                                                                                                                                                                                                                            |          | Elevation: _____                                                     |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |                                                                                                                                                                                                                                                                                                            |          | Datum: _____                                                         |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |                                                                                                                                                                                                                                                                                                            |          | Data Collection Method: _____                                        |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |  |  |  |  |
| <b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                 |      | <b>4 DEPTH OF COMPLETED WELL 50 ft.</b>                                                                                                                                                                                                                                                                    |          |                                                                      |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |  |  |  |  |
| N<br><table border="1"><tr><td>NW</td><td>NE</td></tr><tr><td>SW</td><td>SE</td></tr></table><br>S                                                                                                                                                                                                                                                                                                                                                                                          |      | NW                                                                                                                                                                                                                                                                                                         | NE       | SW                                                                   | SE                 | Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.<br>WELL'S STATIC WATER LEVEL <b>20</b> ft. below land surface measured on mo/day/yr <b>3/11/10</b><br>Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm<br>Est. Yield <b>20</b> 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 <b>X Day care</b> |                   |  |  |  |  |
| NW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | NE   |                                                                                                                                                                                                                                                                                                            |          |                                                                      |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |  |  |  |  |
| SW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | SE   |                                                                                                                                                                                                                                                                                                            |          |                                                                      |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |  |  |  |  |
| Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> ; If yes, mo/day/yr _____<br>Sample was submitted _____ Water Well Disinfected? Yes <b>X</b> No _____                                                                                                                                                                                                                                                                                                  |      |                                                                                                                                                                                                                                                                                                            |          |                                                                      |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |  |  |  |  |
| <b>5 TYPE OF CASING USED:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      | 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued <b>X</b> Clamped _____<br>1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____<br><b>X</b> 2 PVC 4 ABS 7 Fiberglass Threaded _____                                                                                                |          |                                                                      |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |  |  |  |  |
| Blank casing diameter <b>5</b> in. to <b>40</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                 |      | Casing height above land surface <b>12</b> in., Weight <b>2.4</b> lbs./ft. Wall thickness or gauge No. <b>160 psi</b>                                                                                                                                                                                      |          |                                                                      |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |  |  |  |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      | 1 Steel 3 Stainless steel 5 Fiberglass <b>X</b> 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      | 1 Continuous slot <b>X</b> 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 <b>40</b> ft. to <b>50</b> ft. From _____ ft. to _____ ft.<br>From _____ ft. to _____ ft. From _____ ft. to _____ ft.                                                                                                                                                                                 |          |                                                                      |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |  |  |  |  |
| GRAVEL PACK INTERVALS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      | From <b>20</b> ft. to <b>50</b> ft. From _____ ft. to _____ ft.<br>From _____ ft. to _____ ft. From _____ ft. to _____ ft.                                                                                                                                                                                 |          |                                                                      |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |  |  |  |  |
| <b>6 GROUT MATERIAL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      | 1 Neat cement 2 Cement grout <b>X</b> Bentonite 4 Other _____<br>Grout Intervals From <b>3</b> ft. to <b>20</b> 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)<br>2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well<br><b>X</b> 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well |          |                                                                      |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |  |  |  |  |
| Direction from well? <b>West</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      | How many feet? <b>45</b>                                                                                                                                                                                                                                                                                   |          |                                                                      |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |  |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TO   | LITHOLOGIC LOG                                                                                                                                                                                                                                                                                             | FROM     | TO                                                                   | PLUGGING INTERVALS |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |  |  |  |  |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3    | Topsoil                                                                                                                                                                                                                                                                                                    |          |                                                                      |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |  |  |  |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 18   | Brown Clay                                                                                                                                                                                                                                                                                                 |          |                                                                      |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |  |  |  |  |
| 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 35   | Fine sand                                                                                                                                                                                                                                                                                                  |          |                                                                      |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |  |  |  |  |
| 35                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 50   | Med Sand                                                                                                                                                                                                                                                                                                   |          |                                                                      |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |  |  |  |  |
| <b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was ( <b>X</b> ) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>3/15/10</b> and this record is true to the best of my knowledge and belief.<br>Kansas Water Well Contractor's License No. <b>740</b> . This Water Well Record was completed on (mo/day/year) <b>4/10/10</b><br>under the business name of <b>Weninger Drilling Inc</b> by (signature) _____ |      |                                                                                                                                                                                                                                                                                                            |          |                                                                      |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |  |  |  |  |
| <b>INSTRUCTIONS:</b> 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.                                                                    |      |                                                                                                                                                                                                                                                                                                            |          |                                                                      |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |  |  |  |  |