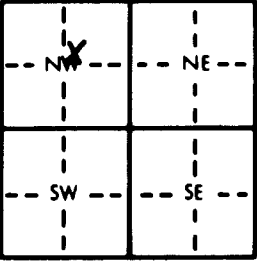


1 LOCATION OF WATER WELL: County: <u>Sedgewick</u> Fraction: <u>SW 1/4 NE 1/4 NW 1/4</u> Section Number: <u>29</u> Township Number: <u>T 27 S</u> Range Number: <u>R 1 EW</u> Distance and direction from nearest town or city street address of well if located within city? <u>357 Wagon Wheel Ln.</u>					
2 WATER WELL OWNER: RR#, St. Address, Box # : <u>Ken & Lisa Schmidbucker</u> City, State, ZIP Code : <u>Wichita, KS 67209</u> Board of Agriculture, Division of Water Resources Application Number: _____					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL: <u>50</u> ft. ELEVATION: _____ Depth(s) Groundwater Encountered 1. <u>14</u> ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL <u>14</u> ft. below land surface measured on mo/day/yr <u>5-18-87</u> Pump test data: Well water was <u>14</u> ft. after <u>12</u> hours pumping <u>20</u> gpm Est. Yield <u>50</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter <u>1 1/2</u> in. to <u>50</u> ft., and _____ in. to _____ ft. WELL WATER TO BE USED AS: ☒ 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 Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes <u>X</u> No _____				
5 TYPE OF BLANK CASING USED: 1 Steel ☐ 2 PVC ☐ 3 RMP (SR) ☒ 4 ABS ☐ Blank casing diameter <u>5</u> in. to <u>40</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface <u>12</u> in., weight <u>11.59</u> lbs./ft. Wall thickness or gauge No. <u>SPR-26</u> TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel ☐ 2 Brass ☐ 3 Stainless steel ☐ 4 Galvanized steel ☐ 5 Fiberglass ☐ 6 Concrete tile ☐ 7 PVC ☐ 8 RMP (SR) ☒ 9 ABS ☐ 10 Asbestos-cement ☐ 11 Other (specify) _____ 12 None used (open hole) _____ SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot ☐ 2 Louvered shutter ☐ 3 Mill slot ☒ 4 Key punched ☐ SCREEN-PERFORATED INTERVALS: From <u>40</u> ft. to <u>50</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>13</u> ft. to <u>50</u> 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 <u>3</u> ft. to <u>13</u> 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 ☐ 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 ☐ 16 Other (specify below) _____ Direction from well? <u>North</u> How many feet? <u>75</u>					
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	Top soil			
2	12	clay			
12	19	fine sand			
19	23	clay			
23	31	med sand			
31	32	clay			
32	50	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) <u>5-18-87</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>318</u> This Water Well Record was completed on (mo/day/yr) <u>5-19-87</u> under the business name of <u>Wenger Pump</u> by (signature) <u>[Signature]</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, Office of Oil Field and Environmental Geology, Regulation and Permitting Section, Topeka, Kansas 66620-7500, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.					