

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number																																																																		
County: Sedgwick	se ¼ ne ¼ se ¼	36	T 27s S R 2w E/W																																																																				
Distance and direction from nearest town or city street address of well if located within city? 12113 W Jewell Ct			Global Positioning System (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____																																																																				
2 WATER WELL OWNER: Tram Quach RR#, St. Address, Box # : 12113 W Jewell Ct City, State, ZIP Code : Wichita, Ks 67235																																																																							
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 98 ft.																																																																					
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL 38 ft. below land surface measured on mo/day/yr Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield 20 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial (7) Domestic (lawn & garden) 10 Monitoring well _____ Was a chemical/bacteriological sample submitted to Department? Yes _____ No x ; If yes, mo/day/yrs Sample was submitted _____ Water Well Disinfected? Yes x No _____																																																																					
5 TYPE OF CASING USED:																																																																							
1 Steel (2) PVC		3 RMP (SR) 4 ABS		6 Asbestos-Cement 7 Fiberglass																																																																			
Blank casing diameter 5 in. to 81 ft., Dia		_____ in. to _____ ft., Dia		_____ in. to _____ ft., Dia																																																																			
Casing height above land surface 12 in., Weight 2.40 lbs./ft.		Wall thickness or gauge No. 160psi																																																																					
TYPE OF SCREEN OR PERFORATION MATERIAL:																																																																							
1 Steel 3 Stainless steel 5 Fiberglass (7) PVC		9 ABS		11 Other (specify) _____																																																																			
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 (3) Mill slot		5 Guaze wrapped		7 Torch cut																																																																			
2 Louvered shutter 4 Key punched		6 Wire wrapped		8 Saw Cut																																																																			
9 Drilled holes		11 None (open hole)																																																																					
SCREEN-PERFORATED INTERVALS:																																																																							
From 81 ft. to 98 ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.																																																																			
GRAVEL PACK INTERVALS:		From 38 ft. to 98 ft.		From _____ ft. to _____ ft.																																																																			
From _____ ft. to _____ 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 3 ft. to 38 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)																																																																			
2 Sewer lines 5 Cess pool 8 Sewage lagoon		11 Fuel storage 14 Abandoned water well																																																																					
(3) Watertight sewer lines 6 Seepage pit 9 Feedyard		12 Fertilizer storage 15 Oil well/ gas well																																																																					
Direction from well? South		How many feet? 12																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <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>1</td> <td>Top soil</td> <td></td> <td></td> <td></td> </tr> <tr> <td>1</td> <td>80</td> <td>Clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>80</td> <td>90</td> <td>Med sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>90</td> <td>98</td> <td>Clay</td> <td></td> <td></td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0	1	Top soil				1	80	Clay				80	90	Med sand				90	98	Clay																																							
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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) 10-10-07 and this record is true to the best of my knowledge and belief.																																																																							
Kansas Water Well Contractor's License No. 740 . This Water Well Record was completed on (mo/day/year) 10-22-07 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.																																																																							