

1 LOCATION OF WATER WELL:		Fraction		Section Number	Township Number	Range Number																																																																	
County: SEDGWICK		SE ¼ SW ¼ NW ¼		26	T 27S	S	R 2W E/W																																																																
Distance and direction from nearest town or city street address of well if located within city? 14903 W VALLEY HIGH CIRCLE, WICHITA				Global Positioning System (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Data Collection Method: _____																																																																			
2 WATER WELL OWNER: PATRICK KNIPP RR#, St. Address, Box # : 14903 W VALLEY HIGH CIRCLE City, State, ZIP Code : WICHITA, KS 67235																																																																							
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 105 ft.																																																																					
N <table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="width: 20px;">NW</td><td style="width: 20px;">NE</td></tr> <tr><td style="text-align: center;">X</td><td></td></tr> <tr><td>SW</td><td>SE</td></tr> </table> W E S		NW	NE	X		SW	SE	Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL 40 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/yr Sample was submitted _____ Water Well Disinfected? Yes X No _____																																																															
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		SW	SE																																																																				
		5 TYPE OF CASING USED:																																																																					
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) _____ 2 PVC 4 ABS 7 Fiberglass _____ Blank casing diameter 5 in. to 65 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface 12 in., Weight 2.40 lbs./ft. Wall thickness or gauge No. _____																																																																							
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 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) _____																																																																							
SCREEN-PERFORATED INTERVALS:																																																																							
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6 GROUT MATERIAL:																																																																							
1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____ Grout Intervals From 3 ft. to 40 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? WEST How many feet? 22																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:40%;">LITHOLOGIC LOG</th> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:20%;">PLUGGING INTERVALS</th> </tr> <tr> <td>0</td> <td>1</td> <td>TOP SOIL</td> <td></td> <td></td> <td></td> </tr> <tr> <td>1</td> <td>18</td> <td>CLAY</td> <td></td> <td></td> <td></td> </tr> <tr> <td>18</td> <td>32</td> <td>FINE SAND</td> <td></td> <td></td> <td></td> </tr> <tr> <td>32</td> <td>70</td> <td>SHALE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>70</td> <td>76</td> <td>RED SHALE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>76</td> <td>105</td> <td>SHALE</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> </table>						FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0	1	TOP SOIL				1	18	CLAY				18	32	FINE SAND				32	70	SHALE				70	76	RED SHALE				76	105	SHALE																											
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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) 5-14-08 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) 6-12-08 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 785-256-5522. 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 .																																																																							