

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number					
County: SEDGWICK		SE ¼ NE ¼ SE ¼		11		T 27S S		R 2W E/W					
Distance and direction from nearest town or city street address of well if located within city?					Global Positioning System (decimal degrees, min. of 4 digits)								
13710 W KIWI ST, WICHITA					Latitude: _____								
2 WATER WELL OWNER: MOLLIE WILKERSON					Longitude: _____								
RR#, St. Address, Box # : 13603 W KIWI					Elevation: _____								
City, State, ZIP Code : WICHITA, KS 67235					Datum: _____								
					Data Collection Method: _____								
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 85 ft.											
N <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px;">NW</td> <td style="padding: 5px;">NE</td> </tr> <tr> <td style="padding: 5px;">SW</td> <td style="padding: 5px;">SE X</td> </tr> </table> W E S		NW	NE	SW	SE X	Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL <u>28</u> ft. below land surface measured on mo/day/yr _____ Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield <u>22</u> 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 <u>7</u> Domestic (lawn & garden) 10 Monitoring well _____							
		NW	NE										
		SW	SE X										
		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 CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____ 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) _____ Welded _____ <u>2</u> PVC 4 ABS 7 Fiberglass _____ Threaded _____ Blank casing diameter <u>5</u> in. to <u>78</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface <u>12</u> in., Weight <u>2.40</u> lbs./ft. Wall thickness or gauge No. _____											
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass <u>7</u> 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 <u>3</u> 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: From <u>78</u> ft. to <u>85</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>28</u> ft. to <u>85</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.													
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <u>3</u> Bentonite 4 Other _____													
Grout Intervals From <u>3</u> ft. to <u>28</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 13 Insecticide Storage 16 Other (specify below) 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well <u>3</u> Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well													
Direction from well? SOUTH How many feet? <u>15</u>													
FROM		TO		LITHOLOGIC LOG		FROM		TO		PLUGGING INTERVALS			
0		1		TOP SOIL									
1		43		CLAY									
43		60		FINE SAND									
60		65		SHALE									
65		73		FINE SAND									
73		85		GRAVEL									
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>1</u> constructed, <u>2</u> reconstructed, or <u>3</u> plugged under my jurisdiction and was completed on (mo/day/year) <u>3-8-08</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>740</u> This Water Well Record was completed on (mo/day/year) <u>4-2-08</u> 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 .													