

1 LOCATION OF WATER WELL: Fraction <u>NE 1/4 NE 1/4 SE 1/4</u> Section Number <u>1</u> Township Number <u>T 27 S</u> Range Number <u>R 2</u> <u>EW</u>		County: <u>Sedgwick</u>									
Distance and direction from nearest town or city street address of well if located within city? <u>See Below</u>											
2 WATER WELL OWNER: <u>John Larsen</u> RR#, St. Address, Box #: <u>2341 Wheatridge Dr. Wichita KS.</u> Board of Agriculture, Division of Water Resources City, State, ZIP Code: <u>Wichita KS.</u> Application Number: _____											
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 		4 DEPTH OF COMPLETED WELL: <u>80</u> ft. ELEVATION: _____ Depth(s) Groundwater Encountered: <u>1</u> ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL: <u>30</u> ft. below land surface measured on mo/day/yr Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter: _____ in. to _____ ft. and _____ in. to _____ ft. WELL WATER TO BE USED AS: <u>1</u> Domestic <u>2</u> Irrigation <u>3</u> Feedlot <u>4</u> Industrial <u>6</u> Oil field water supply <u>7</u> Lawn and garden only <u>8</u> Air conditioning <u>9</u> Dewatering <u>10</u> Monitoring well <u>11</u> Injection well <u>12</u> Other (Specify below)									
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: <u>1</u> Steel <u>2</u> PVC <u>3</u> RMP (SR) <u>4</u> ABS <u>5</u> Wrought iron <u>6</u> Asbestos-Cement <u>7</u> Fiberglass <u>8</u> Concrete tile <u>9</u> Other (specify below) CASING JOINTS: Glued <u>X</u> Clamped _____ Welded _____ Threaded _____ Blank casing diameter: <u>5</u> in. to <u>60</u> ft. Dia. <u>220</u> in. to _____ ft. Dia. _____ in. to _____ ft. Dia. _____ in. to _____ ft. Dia. _____ Casing height above land surface: <u>12</u> in., weight <u>220</u> lbs./ft. Wall thickness or gauge No. <u>160 PSI</u> TYPE OF SCREEN OR PERFORATION MATERIAL: <u>1</u> Steel <u>2</u> Brass <u>3</u> Stainless steel <u>4</u> Galvanized steel <u>5</u> Fiberglass <u>6</u> Concrete tile <u>7</u> PVC <u>8</u> RMP (SR) <u>9</u> ABS <u>10</u> Asbestos-cement <u>11</u> Other (specify) _____ <u>12</u> None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: <u>1</u> Continuous slot <u>2</u> Louvered shutter <u>3</u> Mill slot <u>4</u> Key punched <u>5</u> Gauzed wrapped <u>6</u> Wire wrapped <u>7</u> Torch cut <u>8</u> Saw cut <u>9</u> Drilled holes <u>10</u> Other (specify) _____ <u>11</u> None (open hole) SCREEN-PERFORATED INTERVALS: From <u>60</u> ft. to <u>80</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>23</u> ft. to <u>80</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.											
6 GROUT MATERIAL: <u>3</u> 1 Neat cement <u>23</u> 2 Cement grout <u>3</u> Bentonite <u>4</u> Other _____ Grout Intervals: From <u>3</u> ft. to <u>23</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. What is the nearest source of possible contamination: <u>1</u> Septic tank <u>2</u> Sewer lines <u>3</u> Watertight sewer lines <u>4</u> Lateral lines <u>5</u> Cess pool <u>6</u> Seepage pit <u>7</u> Pit privy <u>8</u> Sewage lagoon <u>9</u> Feedyard <u>10</u> Livestock pens <u>11</u> Fuel storage <u>12</u> Fertilizer storage <u>13</u> Insecticide storage <u>14</u> Abandoned water well <u>15</u> Oil well/Gas well <u>16</u> Other (specify below) Direction from well? <u>S</u> How many feet? <u>140</u>											
FROM		TO		LITHOLOGIC LOG		FROM		TO		PLUGGING INTERVALS	
0		2		top soil							
2		24		clay							
24		34		fine sand							
34		41		clay							
41		53		gravel							
53		56		clay							
56		80		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>4-17-94</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>4-17-94</u> under the business name of <u>Weninger Drilling Inc.</u> by (signature) <u>Susan H. Weninger</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, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.											

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