

|                                                                                                                                                                                                                                                                                                                                                                 |           |                                                                                                                                                            |                |                 |                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------|--------------------|
| 1 LOCATION OF WATER WELL:                                                                                                                                                                                                                                                                                                                                       |           | Fraction                                                                                                                                                   | Section Number | Township Number | Range Number       |
| County: <u>Sedgwick</u>                                                                                                                                                                                                                                                                                                                                         |           | <u>NW 1/4 NE 1/4 NE 1/4</u>                                                                                                                                | <u>15</u>      | <u>T 27 S</u>   | <u>R 2 E</u>       |
| Distance and direction from nearest town or city street address of well if located within city?<br><u>See Below</u>                                                                                                                                                                                                                                             |           |                                                                                                                                                            |                |                 |                    |
| 2 WATER WELL OWNER: <u>Bob + Toni Johnston</u>                                                                                                                                                                                                                                                                                                                  |           |                                                                                                                                                            |                |                 |                    |
| RR#, St. Address, Box #: <u>15301 W. 13th</u>                                                                                                                                                                                                                                                                                                                   |           |                                                                                                                                                            |                |                 |                    |
| City, State, ZIP Code: <u>Wichita KS 67235</u>                                                                                                                                                                                                                                                                                                                  |           |                                                                                                                                                            |                |                 |                    |
| Board of Agriculture, Division of Water Resources<br>Application Number:                                                                                                                                                                                                                                                                                        |           |                                                                                                                                                            |                |                 |                    |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                                                            |           | 4 DEPTH OF COMPLETED WELL: <u>70</u> ft. ELEVATION: <u>40</u> ft.                                                                                          |                |                 |                    |
|                                                                                                                                                                                                                                                                                                                                                                 |           | Depth(s) Groundwater Encountered 1. <u>40</u> ft. 2. _____ ft. 3. _____ ft.                                                                                |                |                 |                    |
|                                                                                                                                                                                                                                                                                                                                                                 |           | WELL'S STATIC WATER LEVEL _____ 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:                                                                                                                                  |                |                 |                    |
|                                                                                                                                                                                                                                                                                                                                                                 |           | 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)<br>2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring 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 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <u>X</u> Clamped _____<br>2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____<br>7 Fiberglass Threaded _____                                                                                                                                                              |           |                                                                                                                                                            |                |                 |                    |
| Blank casing diameter <u>5</u> in. to <u>58</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.                                                                                                                                                                                                                                                       |           |                                                                                                                                                            |                |                 |                    |
| Casing height above land surface <u>12</u> in., weight <u>8.60</u> lbs./ft. Wall thickness or gauge No. <u>160 PSI</u>                                                                                                                                                                                                                                          |           |                                                                                                                                                            |                |                 |                    |
| TYPE OF SCREEN OR PERFORATION MATERIAL:                                                                                                                                                                                                                                                                                                                         |           |                                                                                                                                                            |                |                 |                    |
| 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____<br>2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)                                                                                                                                                                                                         |           |                                                                                                                                                            |                |                 |                    |
| SCREEN OR PERFORATION OPENINGS ARE:                                                                                                                                                                                                                                                                                                                             |           |                                                                                                                                                            |                |                 |                    |
| 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)<br>2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes 10 Other (specify) _____                                                                                                                                                                                        |           |                                                                                                                                                            |                |                 |                    |
| SCREEN-PERFORATED INTERVALS: From <u>40</u> ft. to <u>70</u> ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                    |           |                                                                                                                                                            |                |                 |                    |
| GRAVEL PACK INTERVALS: From <u>12</u> ft. to <u>70</u> ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                          |           |                                                                                                                                                            |                |                 |                    |
| 6 GROUT MATERIAL:                                                                                                                                                                                                                                                                                                                                               |           |                                                                                                                                                            |                |                 |                    |
| 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____<br>Grout Intervals: From <u>3</u> ft. to <u>12</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<br>2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well<br>3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) _____<br>13 Insecticide storage                                                       |           |                                                                                                                                                            |                |                 |                    |
| Direction from well? <u>South East</u> How many feet? <u>90</u>                                                                                                                                                                                                                                                                                                 |           |                                                                                                                                                            |                |                 |                    |
| FROM                                                                                                                                                                                                                                                                                                                                                            | TO        | LITHOLOGIC LOG                                                                                                                                             | FROM           | TO              | PLUGGING INTERVALS |
| <u>0</u>                                                                                                                                                                                                                                                                                                                                                        | <u>2</u>  | <u>topsoil</u>                                                                                                                                             | <u>67</u>      | <u>70</u>       | <u>Shale</u>       |
| <u>2</u>                                                                                                                                                                                                                                                                                                                                                        | <u>35</u> | <u>clay</u>                                                                                                                                                |                |                 |                    |
| <u>35</u>                                                                                                                                                                                                                                                                                                                                                       | <u>42</u> | <u>sand</u>                                                                                                                                                |                |                 |                    |
| <u>42</u>                                                                                                                                                                                                                                                                                                                                                       | <u>44</u> | <u>clay</u>                                                                                                                                                |                |                 |                    |
| <u>44</u>                                                                                                                                                                                                                                                                                                                                                       | <u>50</u> | <u>sand</u>                                                                                                                                                |                |                 |                    |
| <u>50</u>                                                                                                                                                                                                                                                                                                                                                       | <u>51</u> | <u>clay</u>                                                                                                                                                |                |                 |                    |
| <u>51</u>                                                                                                                                                                                                                                                                                                                                                       | <u>67</u> | <u>med sand</u>                                                                                                                                            |                |                 |                    |
| 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>6-4-93</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>6-4-93</u>                                                                                                                                                                                                                                                |           |                                                                                                                                                            |                |                 |                    |
| under the business name of <u>Werninger Drilling Inc.</u> by (signature) <u>Susan Werninger</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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