

1 LOCATION OF WATER WELL:			Fraction		Section Number		Township Number		Range Number								
County: Sedgwick			nw ¼ sw ¼ ne ¼		12		T 28s S		R 2w E/W								
Distance and direction from nearest town or city street address of well if located within city? 12300 W 34th S					Global Positioning System (decimal degrees, min. of 4 digits)												
2 WATER WELL OWNER: KKI Design Build RR#, St. Address, Box # : 3360 S Seneca St City, State, ZIP Code : Wichita, Ks 67217					Latitude: _____												
					Longitude: _____												
					Elevation: _____												
					Datum: _____												
					Data Collection Method: _____												
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:			4 DEPTH OF COMPLETED WELL 137 ft.														
N <table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="width: 20px;">NW</td><td style="width: 20px;">N X</td></tr> <tr><td style="width: 20px;">SW</td><td style="width: 20px;">SE</td></tr> </table> S			NW	N X	SW	SE	Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL 45 ft. below land surface measured on mo/day/yr _____ Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield 8 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 _____										
			NW	N X													
			SW	SE													
			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 _____														
			5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued x Clamped _____ 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) _____ Welded _____ ② PVC 4 ABS 7 Fiberglass _____ Threaded _____														
Blank casing diameter 5 in. to 127 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. 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 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 127 ft. to 137 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From 45 ft. to 137 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 45 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) _____ ③ 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? North How many feet? 45																	
FROM			TO			LITHOLOGIC LOG			FROM			TO			PLUGGING INTERVALS		
0			1			Top soil											
1			20			Clay											
20			26			Fine sand											
26			70			Clay											
70			73			Fine sand											
73			122			Clay											
122			137			Fine/med sand											
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) 10-28-07 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) 11-24-07 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 .																	