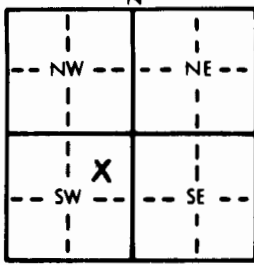


DDC-6

## WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL: County: <u>Sedgwick</u>		Fraction <u>SE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$	Section Number <u>20</u>	Township Number T <u>26</u> S	Range Number R <u>1</u> E
Distance and direction from nearest town or city street address of well if located within city? <u>NW Corner of 4848 Street Kimberly Street Property, Wichita</u>					
2 WATER WELL OWNER: <u>EPA Region #7</u> RR#, St. Address, Box #: <u>901 N 5th St.</u> City, State, ZIP Code: <u>Kansas City, KS 66101</u>		Board of Agriculture, Division of Water Resources Application Number:			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 		4 DEPTH OF COMPLETED WELL: <u>43.3</u> ft. ELEVATION: Depth(s) Groundwater Encountered: <u>1.7</u> ft. 2. <u>10</u> ft. 3. <u>7/27/01</u> ft. WELL'S STATIC WATER LEVEL: <u>41.7</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: 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) <u>Remediation</u> 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 _____ No <u>X</u>			
5 TYPE OF BLANK CASING USED: 1 Steel <u>2 PVC</u> 3 RMP (SR) 4 ABS Blank casing diameter _____ in. to <u>13</u> in. Dia. _____ in. to <u>23-33</u> in. Dia. _____ in. to _____ in. Dia. _____ in. to _____ in. Dia. Casing height above land surface: <u>Flush</u> in., weight <u>2.77</u> lbs./ft. Wall thickness or gauge No. <u>Sch 40</u>		5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____ 6 Asbestos-Cement 9 Other (specify below) Welded _____ 7 Fiberglass <u>Threaded Flush</u>			
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____ 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) 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes 10 Other (specify) _____			
SCREEN-PERFORATED INTERVALS: From <u>13</u> ft. to <u>23</u> ft. From _____ ft. to _____ ft. From <u>33</u> ft. to <u>43</u> ft. From _____ ft. to _____ ft.		GRAVEL PACK INTERVALS: From <u>33</u> ft. to <u>43</u> ft. From _____ ft. to _____ ft. From <u>31</u> ft. to <u>43</u> ft. From _____ ft. to _____ ft.			
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Grout Intervals: From <u>13.5</u> ft. to <u>10</u> ft. From <u>25</u> ft. to <u>27</u> ft. From <u>29</u> ft. to <u>31</u> 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 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) <u>Midland Refinery</u> 13 Insecticide storage Direction from well? <u>Northeast</u> How many feet? <u>1300</u>			
FROM TO LITHOLOGIC LOG		FROM TO PLUGGING INTERVALS			
0	2.5	Sandy Silty-drk brown, dry, v. coarse sand			
2.5	9.5	Silty Sand-drk brown, fine sand			
9.5	18	Sandy clay-med. to v. coarse sand			
18	19	Sand-med. to coarse sand			
19	21	Sand-tan, fine to v. coarse sand			
21	23	Sand-tan, orange SiH, coarse to v. coarse sand			
23	27	Sand-grey, fine to coarse grained			
27	33.5	Sand-orange, med. to very coarse			
33.5	34.5	clay-tan, HP			
34.5	38.5	Sand-fine to coarse grained			
38.5	42.5	Sand-coarse to very coarse w/ gravel			
42.5	43.3	Weathered shale-grey			
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) _____ and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>531</u> This Water Well Record was completed on (mo/day/yr) <u>9/18/01</u> under the business name of <u>Geotechnical Services, Inc.</u> by (signature) <u>Alvin M. [Signature]</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.

OFFICE USE ONLY

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