

WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No. \_\_\_\_\_

|  |      |   |  |                |    |  |  |              |  |
|--|------|---|--|----------------|----|--|--|--------------|--|
| 1 LOCATION OF WATER WELL:  |      | Fraction  |  | Section Number |    | Township Number                                    |  | Range Number |  |
| County: <b>Sedgwick</b>  |      | <b>NE</b> $\frac{1}{4}$ <b>NW</b> $\frac{1}{4}$ <b>SW</b> $\frac{1}{4}$             |  | <b>35</b>      |    | <b>T 26 S</b>                                      |  | <b>R 1 E</b> |  |
| Distance and direction from nearest town or city street address of well if located within city?<br><b>Approximately 100' E of EW-03 - Wichita</b>  |      |   |  |                |    |  |  |              |  |
| 2 WATER WELL OWNER: <b>Koch-Glitsch, LP</b>  |      |   |  |                |    |  |  |              |  |
| RR#, St. Address, Box # : <b>4111 E. 37<sup>th</sup> St. North</b>   |      |   |  |                |    |  |  |              |  |
| City, State, ZIP Code : <b>Wichita, KS 67220</b>   |      |   |  |                |    |  |  |              |  |
| 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 <b>19</b> ft. ELEVATION: _____                            |  |                |    |  |  |              |  |
|  |      | Depth(s) Groundwater Encountered 1 <b>10</b> 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 <b>12</b> in. to <b>22</b> ft. and <b>7</b> in. to <b>25</b> ft. |  |                |    |  |  |              |  |
| 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 <b>Other</b> (Specify below)  |      |   |  |                |    |  |  |              |  |
| 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well <b>Extraction Well</b>   |      |   |  |                |    |  |  |              |  |
| Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> If yes, mo/day/yr sample was submitted _____  |      |   |  |                |    |  |  |              |  |
| Water Well Disinfected? Yes _____ No <b>X</b>  |      |   |  |                |    |  |  |              |  |
| 5 TYPE OF BLANK CASING USED:   |      |   |  |                |    |  |  |              |  |
| 1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____   |      |   |  |                |    |  |  |              |  |
| 2 <b>PVC</b> 4 ABS 6 Asbestos-Cement 9 Other (specify below) _____ Welded _____  |      |   |  |                |    |  |  |              |  |
| 7 Fiberglass _____ Threaded _____ <b>Flush</b>   |      |   |  |                |    |  |  |              |  |
| Blank casing diameter <b>4</b> in. to <b>9</b> ft. Dia <b>4</b> in. from <b>19-21</b> ft. Dia <b>1*</b> in. to <b>9*</b> ft.   |      |   |  |                |    |  |  |              |  |
| Casing height above land surface <b>Stick-up</b> in., weight <b>0.703</b> lbs./ft. Wall thickness or gauge No. <b>SCH. 40</b>  |      |   |  |                |    |  |  |              |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:  |      |   |  |                |    |  |  |              |  |
| 1 Steel 3 Stainless steel 5 Fiberglass 7 <b>PVC</b> 9 Asbestos-cement  |      |   |  |                |    |  |  |              |  |
| 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____   |      |   |  |                |    |  |  |              |  |
| 3 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 <b>Wire wrapped</b> 9 Drilled holes   |      |   |  |                |    |  |  |              |  |
| 7 Torch cut 10 Other (specify) _____   |      |   |  |                |    |  |  |              |  |
| SCREEN-PERFORATED INTERVALS: From <b>9</b> ft. to <b>19</b> ft. From <b>9*</b> ft. to <b>19*</b> ft.   |      |   |  |                |    |  |  |              |  |
| GRAVEL PACK INTERVALS: From <b>7</b> ft. to <b>22</b> ft. From _____ ft. to _____ ft.  |      |   |  |                |    |  |  |              |  |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 <b>Bentonite</b> 4 Other _____  |      |   |  |                |    |  |  |              |  |
| Grout Intervals From <b>3</b> ft. to <b>7</b> ft. From <b>22</b> ft. to <b>25</b> 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  |      |   |  |                |    |  |  |              |  |
| 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) _____   |      |   |  |                |    |  |  |              |  |
| 13 Insecticide storage   |      |   |  |                |    |  |  |              |  |
| Direction from well? _____ How many feet? _____  |      |   |  |                |    |  |  |              |  |
| FROM   | TO   | CODE  | LITHOLOGIC LOG                                       | FROM           | TO | PLUGGING INTERVALS                                 |  |              |  |
| 0.0  | 10.0 |   | <b>Silty Clay, black</b>                             |                |    |  |  |              |  |
| 10.0   | 14.0 |   | <b>Sand, dark brown, medium grained, little clay</b> |                |    | <b>*1" casing attached to outside of 4" casing</b> |  |              |  |
| 14.0   | 14.8 |   | <b>Sandy Clay, red brown, medium grained</b>         |                |    |  |  |              |  |
| 14.8   | 18.0 |   | <b>Sand, red brown, with trace gravel</b>            |                |    |  |  |              |  |
| 18.0   | 21.0 |   | <b>Sandy Clay, red brown, trace pebbles</b>          |                |    |  |  |              |  |
| 21.0   | 24.0 |   | <b>Silty Clay, dark gray brown</b>                   |                |    |  |  |              |  |
| 24.0   | 25.0 |   | <b>Sandy Clay, dark gray brown, fine grained</b>     |                |    |  |  |              |  |
|  |      |   |  |                |    |  |  |              |  |
|  |      |   |  |                |    |  |  |              |  |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <b>(1) constructed</b> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) <b>04/15/09</b> and this record is true to the best of my knowledge and belief. Kansas                                |      |   |  |                |    |  |  |              |  |
| Water Well Contractor's License No. <b>531</b> This Water Well Record was completed on (mo/day/yr) <b>07/06/09</b>   |      |   |  |                |    |  |  |              |  |
| under the business name of <b>Geotechnical Services Inc.</b> by (signature) <i>[Signature]</i>   |      |   |  |                |    |  |  |              |  |
| INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records. |      |   |  |                |    |  |  |              |  |

OFFICE USE ONLY

T

R

SEC