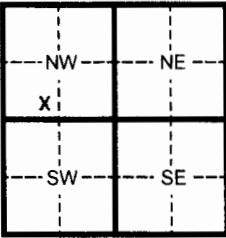


## WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No.

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number	
County: <b>Sedgwick</b>		<b>SE</b> ¼ <b>SW</b> ¼ <b>NW</b> ¼	<b>34</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? <b>3600 N. Hydraulic - Wichita</b>						
2 WATER WELL OWNER: <b>The Coleman Company, Inc.</b>						
RR#, St. Address, Box # : <b>3600 N. Hydraulic</b>			Board of Agriculture, Division of Water Resources			
City, State, ZIP Code : <b>Wichita, KS 67219</b>			Application Number:			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <b>24</b> ft. ELEVATION:				
		Depth(s) Groundwater Encountered 1 <b>20</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>8.25</b> in. to <b>24</b> ft. and _____ in. to _____ ft.				
		WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning <b>11 Injection well</b>				
		1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)				
		2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well				
		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 _____						
Blank casing diameter <b>2</b> in. to <b>19</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.						
Casing height above land surface <b>Flush</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 <b>Steel</b> 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement						
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____						
SCREEN OR PERFORATION OPENINGS ARE:						
1 Continuous slot 3 <b>Mill slot</b> 5 Gauzed wrapped 8 Saw cut 11 None (open hole)						
2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes						
3 Torched cut 10 Other (specify) _____						
SCREEN-PERFORATED INTERVALS: From <b>19</b> ft. to <b>24</b> ft. From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS: From <b>17</b> ft. to <b>24</b> ft. From _____ ft. to _____ ft.						
6 GROUT MATERIAL: 1 Neat cement 2 <b>Cement grout</b> 3 <b>Bentonite</b> 4 Other _____						
Grout Intervals From <b>1</b> ft. to <b>10</b> ft. From <b>10</b> ft. to <b>17</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
<b>0</b>	<b>7</b>		<b>Sandy Clay, brown, with thin layer of fine sand</b>			
<b>7</b>	<b>21</b>		<b>Clay, brown</b>			
<b>21</b>	<b>24</b>		<b>Sand, fine to coarse grained, brown</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>02/17/10</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>05/05/10</b> under the business name of <b>Geotechnical Services Inc.</b> by (signature) _____						
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.						