

|                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                    |  |                           |  |                                                                          |  |                              |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------|--|---------------------------|--|--------------------------------------------------------------------------|--|------------------------------|--|
| 1 LOCATION OF WATER WELL:<br>County: <u>Sedwich</u>                                                                                                                                                                                                                                                                                                             |  | WATER WELL RECORD<br>Fraction: <u>NW 1/4 NW 1/4 NW 1/4</u>                         |  | Section Number: <u>19</u> |  | Township Number: <u>T 26 S</u>                                           |  | Range Number: <u>R 1 E/W</u> |  |
| Distance and direction from nearest town or city street address of well if located within city?<br><u>2435 W. 53rd N, Wichita</u>                                                                                                                                                                                                                               |  |                                                                                    |  |                           |  |                                                                          |  |                              |  |
| 2 WATER WELL OWNER:<br>RR#, St. Address, Box # :<br>City, State, ZIP Code :                                                                                                                                                                                                                                                                                     |  | <u>JAMES T. ROSS</u><br><u>825 E. 2nd</u><br><u>Wichita, KS 67202</u>              |  | ASI-5                     |  | 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>22</u> ft. ELEVATION:                                |  |                           |  |                                                                          |  |                              |  |
|                                                                                                                                                                                                                                                                                                                                                                 |  | Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.            |  |                           |  |                                                                          |  |                              |  |
|                                                                                                                                                                                                                                                                                                                                                                 |  | WELL'S STATIC WATER LEVEL <u>12</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 <u>8</u> in. to <u>22</u> 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)                                                                                                                                                                                                                                                                             |  |                                                                                    |  |                           |  |                                                                          |  |                              |  |
| 2 Irrigation 4 Industrial 7 Lawn and garden only 10 <u>Monitoring well</u>                                                                                                                                                                                                                                                                                      |  |                                                                                    |  |                           |  |                                                                          |  |                              |  |
| Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yr sample was sub                                                                                                                                                                                                                                         |  |                                                                                    |  |                           |  |                                                                          |  |                              |  |
| mitted                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                    |  |                           |  |                                                                          |  |                              |  |
| Water Well Disinfected? Yes _____ No <u>X</u>                                                                                                                                                                                                                                                                                                                   |  |                                                                                    |  |                           |  |                                                                          |  |                              |  |
| 5 TYPE OF BLANK CASING USED:                                                                                                                                                                                                                                                                                                                                    |  |                                                                                    |  |                           |  |                                                                          |  |                              |  |
| 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____                                                                                                                                                                                                                                                                      |  |                                                                                    |  |                           |  |                                                                          |  |                              |  |
| 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____                                                                                                                                                                                                                                                                                              |  |                                                                                    |  |                           |  |                                                                          |  |                              |  |
| 7 Fiberglass Threaded _____                                                                                                                                                                                                                                                                                                                                     |  |                                                                                    |  |                           |  |                                                                          |  |                              |  |
| Blank casing diameter <u>2</u> in. to <u>20</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.                                                                                                                                                                                                                                                     |  |                                                                                    |  |                           |  |                                                                          |  |                              |  |
| Casing height above land surface _____ in., weight <u>154</u> lbs./ft. Wall thickness or gauge No. <u>716</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                                                                                                                                                                                                                                                                                                 |  |                                                                                    |  |                           |  |                                                                          |  |                              |  |
| 7 Torch cut 10 Other (specify) _____                                                                                                                                                                                                                                                                                                                            |  |                                                                                    |  |                           |  |                                                                          |  |                              |  |
| SCREEN-PERFORATED INTERVALS: From <u>20</u> ft. to <u>22</u> ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                   |  |                                                                                    |  |                           |  |                                                                          |  |                              |  |
| From _____ ft. to _____ ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                        |  |                                                                                    |  |                           |  |                                                                          |  |                              |  |
| GRAVEL PACK INTERVALS: From <u>18</u> ft. to <u>22</u> 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 <u>0</u> ft. to <u>2</u> ft., From <u>2</u> ft. to <u>18</u> 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) <u>Contaminated site</u>                                                                                                                                                                                                                                       |  |                                                                                    |  |                           |  |                                                                          |  |                              |  |
| 13 Insecticide storage                                                                                                                                                                                                                                                                                                                                          |  |                                                                                    |  |                           |  |                                                                          |  |                              |  |
| Direction from well? _____ How many feet? _____                                                                                                                                                                                                                                                                                                                 |  |                                                                                    |  |                           |  |                                                                          |  |                              |  |
| FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS                                                                                                                                                                                                                                                                                                               |  |                                                                                    |  |                           |  |                                                                          |  |                              |  |
| <u>0</u> <u>2</u> <u>Top soil</u> _____ _____                                                                                                                                                                                                                                                                                                                   |  |                                                                                    |  |                           |  |                                                                          |  |                              |  |
| <u>2</u> <u>10</u> <u>Loose sand</u> _____ _____                                                                                                                                                                                                                                                                                                                |  |                                                                                    |  |                           |  |                                                                          |  |                              |  |
| <u>10</u> <u>22</u> <u>Loose sand &amp; gravel</u> _____ _____                                                                                                                                                                                                                                                                                                  |  |                                                                                    |  |                           |  |                                                                          |  |                              |  |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was                                                                                                                                                                                                       |  |                                                                                    |  |                           |  |                                                                          |  |                              |  |
| completed on (mo/day/year) <u>4-22-98</u> and this record is true to the best of my knowledge and belief. Kansas                                                                                                                                                                                                                                                |  |                                                                                    |  |                           |  |                                                                          |  |                              |  |
| Water Well Contractor's License No. <u>554</u> This Water Well Record was completed on (mo/day/yr) <u>5-21-98</u>                                                                                                                                                                                                                                               |  |                                                                                    |  |                           |  |                                                                          |  |                              |  |
| under the business name of <u>Woolter Pump Well, Inc</u> by (signature) <u>Gay E. Woolter</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. |  |                                                                                    |  |                           |  |                                                                          |  |                              |  |