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

1. LOCATION OF WATER WELL:

County: Sedgwick   Fraction: NW ¼ SW ¼ SW ¼   Section Number: 20   Township Number: T 26 S   Range Number: R 1 E/(W)

Distance and direction from nearest town, or city street address of well if located within city?

See Below
Mrs Lee Shockley
4756 No Salina
Wichita Ks 67204

2. WATER WELL OWNER:
RR#, St. Address, Box # :
City, State, ZIP Code :

Board of Agriculture, Division of Water Resources
Application Number:

3. LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

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        N
  --NW--|--NE--
        |
 W      |      E
  --SW--|--SE--
 X      |
        S
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1 Mile

4. DEPTH OF COMPLETED WELL . . . . ft. ELEVATION:

Depth(s) Groundwater Encountered 1. . . . . 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 . . . . in. to . . . . ft. and . . . . in. to . . . . ft.

WELL WATER ~~TO BE~~ USED AS: 5 Public water supply   8 Air conditioning   11 Injection well
(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 Monitoring well . . . .

Plugged

Was a chemical/bacteriological sample submitted to Department? Yes. . . . . . . No. . . . . . . ; If yes, mo/day/yr sample was submitted . . . . . .   Water Well Disinfected? Yes X   No

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 . . . . 5" . . . . in. to . . . . ft, Dia . . . . in. to . . . . ft, Dia . . . . in. to . . . . ft.

Casing height above land surface . . . . . . 36" Below . . . . weight . . . . lbs./ft. Wall thickness or gauge No. . . . .

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) . . . . NA
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) . . . . NA

SCREEN-PERFORATED INTERVALS: From. . . . . ft. to . . . . ft., From . . . . ft. to . . . . ft.
From. . . . . ft. to . . . . ft., From . . . . ft. to . . . . ft.

GRAVEL PACK INTERVALS: From. . . . . ft. to . . . . 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 . . . . 16 . . . . ft. to 3 . . . . 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   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? 80   East   How many feet? 80'

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
		WH was plugged per State Regulations - was in a pit 2ft from house.			
			36	16	Sand Gravel fill
			16	3	Cement Cut casing off 1 foot below pit floor

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) . . . . 2-11-91 . . . . and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 318 . . . . This Water Well Record was completed on (mo/day/yr) 2-15-91 under the business name of Weninger Drill . . . . by (signature) . . . . .

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 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY   T   R   E/W   SEC.   ¼   ¼   ¼