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

1 LOCATION OF WATER WELL:	Fraction			Section Number	Township Number	Range Number
County: Sedgwick	NE ¼	SE ¼	SW ¼	29	T 26 S	R 1 (E)W

Distance and direction from nearest town or city street address of well if located within city?
180' South of 3917 N. Arkansas, Wichita, KS   50885024   MW-7

2 WATER WELL OWNER: Southwestern Bell Telephone, Real Estate Management District
RR#, St. Address, Box # : 220 East Sixth Street, Suite 700Y
City, State, ZIP Code : Topeka, KS 66603

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....22.5......ft. ELEVATION: Approx. Surface Elev: 1320

Depth(s) Groundwater Encountered 1....12.5....ft. 2........ft. 3........ft.

WELL'S STATIC WATER LEVEL ....12.8.... ft. below land surface measured on mo/day/yr ...09/13/89........

Pump test data: Well water was .... ft. after .... hours pumping .... gpm
Est. Yield ..N/A.. gpm: Well water was .... ft. after .... hours pumping .... gpm
Bore Hole Diameter...9......in. to ..23....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 ....

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

5 TYPE OF BLANK CASING USED: 5 Wrought iron   8 Concrete tile   CASING JOINTS: Glued......Clamped......
1 Steel   3 RMP (SR)   6 Asbestos-Cement   9 Other (specify below)   Welded..............
(2)PVC   4 ABS   7 Fiberglass   ....   Threaded.....X......

Blank casing diameter ....2......in. to ..7.5......ft., Dia........in. to........ft., Dia........in. to........ft.
Casing height above land surface....-2............in., weight .... lbs./ft. Wall thickness or gauge No. Schedule 40......

TYPE OF SCREEN OR PERFORATION MATERIAL: (7) PVC   10 Asbestos-cement
1 Steel   3 Stainless steel   5 Fiberglass   8 RMP (SR)   11 Other (specify)..............
2 Brass   4 Galvanized steel   6 Concrete tile   9 ABS   12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped   8 Saw cut   11 None (open hole)
1 Continuous slot   (3)Mill slot   6 Wire wrapped   9 Drilled holes
2 Louvered shutter   4 Key punched   7 Torch cut   10 Other (specify)..............

SCREEN-PERFORATED INTERVALS: From.....7.5........ft. to ...22.5.....ft., From........ft. to........ft.
From........ft. to........ft., From........ft. to........ft.

GRAVEL PACK INTERVALS: From....6.5......ft. to ..23....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.....0......ft. to ..4.5....ft., From ..4.5....ft. to..6.5....ft., From........ft. to........ft.

What is the nearest source of possible contamination: 10 Livestock pens   14 Abandoned water well
1 Septic tank   4 Lateral lines   7 Pit privy   11 Fuel storage   15 Oil well/Gas well
2 Sewer lines   5 Cess pool   8 Sewage lagoon   12 Fertilizer storage   (16) Other (specify below)
3 Watertight sewer lines 6 Seepage pit   9 Feedyard   13 Insecticide storage   Abandoned Fuel Tank......

Direction from well? North   How many feet? 400'   Excavation

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	6	Brown Sandy Lean Clay			
6	13	Light Brown Lean Clay with Calcareous Material			
13	23	Light Brown Fine to Coarse Sand			

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) ....09/01/89........ and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ..416.......... This Water Well Record was completed on (mo/day/yr) 9/22/89

under the business name of   Terracon Consultants, Inc.   by (signature) _Doug Albrech_

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 Protection, Topeka, Kansas 66620-7320. Telephone: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.

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