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

1 LOCATION OF WATER WELL:	Fraction			Section Number	Township Number	Range Number
County: **Sedgwick**	SW ¼	SE ¼	SE ¼	**3**	T **27** S	R **1** (E)/W

Distance and direction from nearest town or city street address of well if located within city?
2828 E. 21st St. North, Wichita, Kansas

2 WATER WELL OWNER:	**VAN THU HO**
RR#, St. Address, Box # :	**2828 E 21" ST. NORTH**
City, State, ZIP Code :	**WICHITA, KS 67214**

Board of Agriculture, Division of Water Resources
Application Number: _____

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

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

4 DEPTH OF COMPLETED WELL......**15**......ft. ELEVATION: ....

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

WELL'S STATIC WATER LEVEL ....**3.57**....ft. below land surface measured on mo/day/yr ....**5/5/2004**.....

Pump test data: Well water was ....**NA**....ft. after ....hours pumping ....gpm

Est. Yield ..**NA**...gpm: Well water was ....ft. after ....hours pumping ....gpm

Bore Hole Diameter ....**8**....in. to ....**15**.......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.✓......; If yes, mo/day/yr sample was submitted   Water Well Disinfected? Yes _____   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 ......**2**......in. to .....**5**.....ft, Dia............in. to............ft, Dia............in. to......ft.

Casing height above land surface ....**0**.........in., weight...................lbs./ft. Wall thickness or gauge No. .....**Sch. 40**.....

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.......**5**.......ft. to....**15**....ft, From.............ft. to...........ft.
From.............ft. to...........ft, From.............ft. to...........ft.

GRAVEL PACK INTERVALS: From.......**3.5**.....ft. to....**15**....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....**1**....ft, From.....**1**....ft. to....**3.5**.....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? **0**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	**0.5**	**Concrete,**			
0.5	**3**	**Clay, stiff, m-h plasticity, sl. moist, Dark Brow**			
3	**12**	**Shale, weathered, blocky, thin layers vf sand,**			
12	**15**	**Shale, blocky, some iron stg., dry, Brown**			
					MW4 , Flushmount
					Project Name: GeoStat - Lee's Store
					GeoCore # 1148 , #

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) ....**5/4/2004**............. and this record is true to the best of my knowledge and belief.

Kansas Water Well Contractor's License No. ....**527**......... This Water Well Record was completed on (mo/day/yr) .....**6/2/2004**......

under the business name of   **GeoCore, Inc.**   by (signature) *Dale Rolf*

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.