

WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No. 0043955

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|--|--|---|---|--|-----------------|--|--------------|--|
| 1 LOCATION OF WATER WELL: | | Fraction | Section Number | | Township Number | | Range Number | |
| County: Sedgwick | | NE $\frac{1}{4}$ NE $\frac{1}{4}$ SW $\frac{1}{4}$ | 26 | | T 27 S | | R 1 E | |
| Distance and direction from nearest town or city street address of well if located within city? 3700 E. Lincoln, Wichita | | | | | | | | |
| 2 WATER WELL OWNER: Sisters of St. Joseph | | | | | | | | |
| RR#, St. Address, Box #: 3700 E. Lincoln | | | | | | | | |
| City, State, ZIP Code: Wichita, KS 67218 | | | | | | | | |
| Board of Agriculture, Division of Water Resources Application Number: | | | | | | | | |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: | | | 4 DEPTH OF COMPLETED WELL 20 ft. ELEVATION: 1345.38 (TOC) | | | | | |
| | | | Depth(s) Groundwater Encountered 1 15.5 ft. 2 _____ ft. 3 _____ ft. | | | | | |
| | | | WELL'S STATIC WATER LEVEL 12.88 ft. below TOC measured on mo/day/yr 07/14/09 | | | | | |
| | | | 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 8 in. to 20 ft. and _____ in. to _____ ft. | | | | | |
| | | | WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well | | | | | |
| | | | 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 X If yes, mo/day/yr sample was submitted | | | | | |
| | | | Water Well Disinfected? Yes _____ No X | | | | | |
| 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 _____ Flush _____ | | | | | | | | |
| Blank casing diameter 2 in. to 10 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. | | | | | | | | |
| Casing height above land surface Flush in., weight 0.703 lbs./ft. Wall thickness or gauge No. SCH. 40 | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | |
| 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement | | | | | | | | |
| 2 Brass 4 Galvanized steel 6 Concrete tile 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 10 ft. to 20 ft. From _____ ft. to _____ ft. | | | | | | | | |
| From _____ ft. to _____ ft. From _____ ft. to _____ ft. | | | | | | | | |
| GRAVEL PACK INTERVALS: From 9 ft. to 20 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 0.5 ft. to 9 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? _____ How many feet? _____ | | | | | | | | |
| FROM TO CODE LITHOLOGIC LOG FROM TO PLUGGING INTERVALS | | | | | | | | |
| 0.0 0.2 _____ Topsoil _____ | | | | | | | | |
| 0.2 3.0 _____ Fill, Clay, dark brown to brown _____ | | | | | | | | |
| 3.0 5.0 CL-ML Silty Clay, brown _____ | | | | | | | | |
| 5.0 10.0 CL Sandy Clay, brown, very fine to fine grained _____ | | | | | | | | |
| 10.0 14.5 CL-ML Silty Clay, gray to light brown, trace coarse sand _____ | | | | | | | | |
| 14.5 16.0 CL-ML Sandy Silty Clay, light gray, medium to coarse grained _____ | | | | | | | | |
| 16.0 16.5 CL-ML Silty Clay, light gray _____ | | | | | | | | |
| 16.5 20.0 SM Silty Sand, medium to coarse grained _____ | | | | | | | | |
| 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/yr) 07/28/09 and this record is true to the best of my knowledge and belief. Kansas | | | | | | | | |
| Water Well Contractor's License No. 531 This Water Well Record was completed on (mo/day/yr) 08/10/09 | | | | | | | | |
| under the business name of Geotechnical Services Inc. 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. | | | | | | | | |