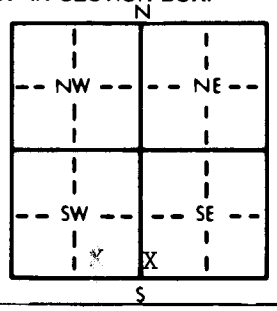
WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Sedgwick	SW ¼ SW ¼ SE ¼	28	T 27 S	R 01E E/W

Distance and direction from nearest town or city street address of well if located within city?
NW corner of Ida and Harry

2 WATER WELL OWNER: KDHE
RR#, St. Address, Box # : Forbes Field Bldg 740 MW5
City, State, ZIP Code : Topeka, Kansas
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 28.50 ft. ELEVATION: 1290.1389 at meas. pt
Depth(s) Groundwater Encountered 1. ..... ft. 2. ..... ft. 3. ..... ft.
WELL'S STATIC WATER LEVEL 17.0 ft. below land surface measured on mo/day/yr 4/27/90
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 28.5 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~~ EPA? Yes X No ; If yes, mo/day/yr sample was submitted VOC Analysis-4/30/90 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 18.50 ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.
Casing height above land surface 0.6Ft ~~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~~ 0.010 6 Wire wrapped 9 Drilled holes
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)
SCREEN-PERFORATED INTERVALS: From 18.50 ft. to 28.50 ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.
GRAVEL PACK INTERVALS: From 15.3 ft. to 28.5 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 13.5 ft. to 15.3 ft., From 0 ft. to 13.5 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 VOCs detected in the groundwater
Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	vdk grey-brn sdy silt loam			
2	4	dk to med brn clay loam			
4	6	med to lt grey-brn sdy silt and clay			
6	7	med y-orange-brn silty sd (vf to med grained)			
7	10	med grey-brn clayey sd (vf to med grained)			
10	15	med orange-brn sd,(f to c grained, coarsening downward)			
15	20	med orange-brn sd (med to c grained), trace vc sd & f gravl			
20	26	med brn-grey silty sd(vf to vc grained) & f grvl			
26	27	olive-grey clay			
27	28.5	dk blue-grey weathered shale			

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) 4/19/90 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ..... This Water Well Record was completed on (mo/day/yr) 7/10/90 under the business name of KDHE - PAM CHAFFEE by (signature) Pamela K. Chaffee

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