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

1 LOCATION OF WATER WELL:

County: Sedgwick	Fraction NE ¼ NW ¼ NE ¼	Section Number 29	Township Number T 27 S	Range Number R 1 (E)/W

Distance and direction from nearest town or city street address of well if located within city?
803 S. Wichita   MW-6

2 WATER WELL OWNER: JONES STORAGE & MOVING CO.

RR#, St. Address, Box # :   803 S. WICHITA ST.

City, State, ZIP Code   :   WICHITA, KANSAS   67213

Board of Agriculture, Division of Water Resources
Application Number:

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

```
              N
       _____
      |    |   X  |
      |-NW-|- NE -|
      |    |      |
  W   |____|_____|  E
      |    |      |
      |-SW-|- SE -|
      |    |      |
       ‾‾‾‾‾‾‾‾‾‾‾
              S
```
1 Mile ↕

4 DEPTH OF COMPLETED WELL...20...ft. ELEVATION:................

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

WELL'S STATIC WATER LEVEL....15....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....20....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 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: 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.....

Blank casing diameter....2....in. to....40....ft., Dia..........in. to..........ft., Dia..........in. to..........ft.

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

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....10....ft. to....20....ft., From..........ft. to..........ft.

From..........ft. to..........ft., From..........ft. to..........ft.

GRAVEL PACK INTERVALS: From....8....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...ft. to...8...ft., From..........ft. to..........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   ....

Direction from well? WITHIN FACILITY   How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	.5	Concrete			
.5	6.5	Silty Clay			
6.5	8	silty sand			
8	12	sand			
12	20	sandy gravel			

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).....9/6/91..........and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No...102..........This Water Well Record was completed on (mo/day/yr)....10/3/91....✓ under the business name of Layne Western Co.   Wichita Ks   by (signature) _B. Meier_

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.