

MW5

1 LOCATION OF WATER WELL: County: Sedgwick	Fraction SW ¼ SW ¼ SW ¼ SW ¼	Section Number 16	Township Number T 27 S	Range Number 2 <input checked="" type="checkbox"/> E <input type="checkbox"/> W
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Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here
550 N Webb Rd., Wichita, KS

Global Positioning Systems (GPS) information:
 Latitude: NA (in decimal degrees)
 Longitude: NA (in decimal degrees)
 Elevation: NA
 Horizontal Datum WGS84, NAD83, NAD27
 Collection Method:
 GPS unit (Make/model: _____)
 Digital Map/Photo, Topographic Map Land Survey
 Est. Accuracy: <3 m, 3-5 m, 5-15 m, >15 m

2 WATER WELL OWNER: Faber Trust Properties, LLC
 RR#, St. Address, Box #: 11500 W 29th St., North
 City, State ZIP Code: Wichita, KS 67205

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

N		
NW		NE
W		E
SW		SE
S		

X is located in the SW section.

4 DEPTH OF WELL 29.1 ft. MW5
 WELL'S STATIC WATER LEVEL NA ft
 WELL WAS USED AS:
 Domestic Public Water Supply Dewatering
 Irrigation Oil Field Water Supply Monitoring
 Feedlot Domestic (Lawn & Garden) Injection Well
 Industrial Air Conditioning Other _____
 Was a chemical/bacteriological sample submitted to Department? Yes No

5 TYPE OF BLANK CASING USED:

<input type="checkbox"/> Steel	<input type="checkbox"/> RMP (SR)	<input type="checkbox"/> Wrought	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Other (Specific below)
<input checked="" type="checkbox"/> PVC	<input type="checkbox"/> ABS	<input type="checkbox"/> Asbestos-Cement	<input type="checkbox"/> Concrete Tile	

Blank casing diameter 2 in. Was casing pulled? Yes No If yes, how much 3'
 Casing height above or below land surface NA in.

6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other Concrete: 0-0.7'; Soil: 0.7-3'

Grout Plug Intervals: From 3 ft to 29.1 ft, From _____ ft to _____ ft, From _____ ft to _____ ft,

What is the nearest source of possible contamination:
 Septic tank Seepage pit Fuel storage Other (specify below) _____
 Sewer lines Pit privy Fertilizer storage _____
 Watertight sewer lines Sewage lagoon Insecticide storage _____
 Lateral lines Feed yard Abandoned water well _____
 Cess pool Livestock pens Oil well/Gas well _____
 Direction from well? _____
 How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	0.7	Concrete			
0.7	3	Soil			
3	29.1	Bentonite			
KDHE ID: Fuel Up: U2-087-13695					

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 12/19-20/17 and this record is true to the best of my knowledge and belief. Kansas Water Contractor's License No. 757. This Water Well Record was completed on (mo/day/year) 12/27/2017 under the business name of Larsen & Associates, Inc. By (signature) _____

Send one white copy to Kansas Department of Health & Environment, Geology Section, 1000 SW Jackson Street, Ste. 420, Topeka, KS 66612-1367. Send one copy to WATER WELL OWNER and retain one for your records
 Visit us at <http://www.kdheks.gov/waterwell/index.html> Telephone 785-296-5524.