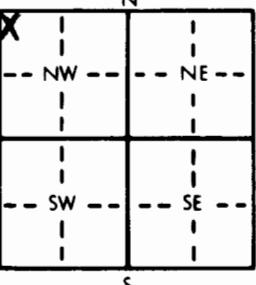


## WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL:	Fraction County: Butler	1/4 NW 1/4 NW	Section Number 18	Township Number T 27 S	Range Number R 3E <input checked="" type="checkbox"/> EW	
Distance and direction from nearest town or city street address of well if located within city? 16019 E. 13th N. Wichita, Ks.						
2 WATER WELL OWNER:	Paul Swartz 16019 E. 13th N. Wichita, Ks.		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 ..... 125 ft. ELEVATION: ..... Depth(s) Groundwater Encountered 1 ..... 55 ..... ft. 2 ..... ft. 3 ..... ft. WELL'S STATIC WATER LEVEL ..... 55 ..... ft. below land surface measured on mo/day/yr ..... 11-2-88 ..... Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm Est. Yield ..... 80. gpm: Well water was ..... ft. after ..... hours pumping ..... gpm Bore Hole Diameter ..... 11 ..... in. to ..... 125 ..... 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 ..... <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes <input checked="" type="checkbox"/> No			
5 TYPE OF BLANK CASING USED:	1 Steel 2 PVC	3 RMP (SR) 4 ABS	5 Wrought iron 6 Asbestos-Cement 7 Fiberglass	8 Concrete tile 9 Other (specify below)	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped ..... Welded ..... Threaded .....	
Blank casing diameter	5	in. to 60	ft., Dia	in. to ..... ft., Dia	in. to ..... ft.	
Casing height above land surface	12	in., weight	1.59	lbs./ft. Wall thickness or gauge No.	203	
TYPE OF SCREEN OR PERFORATION MATERIAL:	1 Steel 2 Brass	3 Stainless steel 4 Galvanized steel	5 Fiberglass 6 Concrete tile	7 PVC 8 RMP (SR) 9 ABS	10 Asbestos-cement 11 Other (specify) ..... 12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:	1 Continuous slot 2 Louvered shutter	3 Mill slot 4 Key punched	5 Gauzed wrapped 6 Wire wrapped 7 Torch cut	8 Saw cut 9 Drilled holes 10 Other (specify) .....	11 None (open hole)	
SCREEN-PERFORATED INTERVALS:	From ..... 60	ft. to ..... 125	ft., From ..... ft. to ..... ft.	ft. to ..... ft.		
GRAVEL PACK INTERVALS:	From ..... 24	ft. to ..... 125	ft., From ..... ft. to ..... ft.	ft. to ..... ft.		
6 GROUT MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite	4 Other	.....	
Grout Intervals:	From ..... 4	ft. to ..... 24	ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.	ft. to ..... ft.		
What is the nearest source of possible contamination:	1 Septic tank 2 Sewer lines 3 Watertight sewer lines	4 Lateral lines 5 Cess pool 6 Seepage pit	7 Pit privy 8 Sewage lagoon 9 Feedyard	10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage	14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) None. Apparent.	
Direction from well?	How many feet?					
FROM	TO	LITHOLOGIC LOG		FROM	TO	PLUGGING INTERVALS
0	3	topsoil				
3	10	clay				
10	89	brown shale				
89	125	grey 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) ..... 11-2-88 ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ..... 236 ..... This Water Well Record was completed on (mo/day/yr) ..... by (signature) <i>Mary 4-15-89</i>					

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.