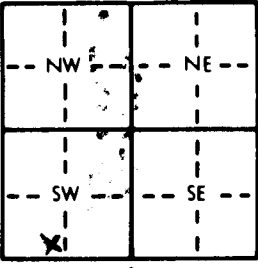


Well Reconstruction

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

1 LOCATION OF WATER WELL: County: <u>Sedgwick</u> Distance and direction from nearest town or city street address of well if located within city? <u>521 West 46th Street South, Wichita, Kansas 67217</u>		Fraction <u>SE 1/4 SE 1/4 SW 1/4</u>	Section Number <u>17</u>	Township Number <u>T 28 S</u>	Range Number <u>R 1 EW</u>
2 WATER WELL OWNER: RR#, St. Address, Box # : City, State, ZIP Code : <u>Mr & Mrs Ilent Carnes</u> <u>930 Whipperwill</u> <u>Derby Kansas 67037</u>		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: <u>28.3</u> ft. ELEVATION: <u>Approx. 1275</u> Depth(s) Groundwater Encountered 1. <u>13.3</u> ft. below <u>land surface</u> measured on <u>mo/day/yr</u> <u>11/21/95</u> WELL'S STATIC WATER LEVEL <u>13.3</u> ft. below <u>land surface</u> Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield <u>20</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter _____ in. to _____ 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 <u>7 Lawn and garden only</u> 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 <u>X</u> No _____			
5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) <u>2 PVC</u> 4 ABS Blank casing diameter <u>6</u> in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface <u>12</u> in., weight _____ lbs./ft. Wall thickness or gauge No. _____		5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <u>X</u> Clamped _____ 6 Asbestos-Cement 9 Other (specify below) Welded _____ 7 Fiberglass _____ Threaded _____			
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 10 Asbestos-cement 11 Other (specify) _____ 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 _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.		6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____ Grout Intervals: From _____ ft. to _____ 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 <u>Garage</u>			
Direction from well? <u>Garage is within 2' of the well.</u>		How many feet? <u>2'</u>			
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS					
		<u>Well Reconstruction of Well within a concrete pit.</u>			
		<u>A four foot PVC casing section was added to the existing casing to raise the height of the casing 12" above the ground level</u>			
		<u>Two feet of bentonite grout was placed around the casing beginning at the base of the concrete pit. Above the bentonite grout soil and clay was backfilled to fill in the pit to 12" from the top of the casing.</u>			
		<u>A plastic cap was placed on the top of the casing and the well was given a chlorine treatment</u>			
		<u>December 6, 1995 - Pump was reinstalled with new drop pipe, foot valve and hardware.</u>			
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) <u>Nov. 21, 1995</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>579</u> This Water Well Record was completed on (mo/day/yr) <u>Nov. 29, 1995</u> under the business name of <u>William Stobbe Water Well Drilling Service</u> (signature) <u>William J. Stobbe</u>					
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 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					

OFFICE USE ONLY

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