

WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No.

|                                                                                                                                                                                                                                                                                                          |             |                                                                                      |                                                                                                  |                |    |                    |  |              |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------|----|--------------------|--|--------------|--|
| 1 LOCATION OF WATER WELL:                                                                                                                                                                                                                                                                                |             | Fraction                                                                             |                                                                                                  | Section Number |    | Township Number    |  | Range Number |  |
| County: <b>Sedgwick</b>                                                                                                                                                                                                                                                                                  |             | <b>SW</b> $\frac{1}{4}$ <b>NW</b> $\frac{1}{4}$ <b>SW</b> $\frac{1}{4}$              |                                                                                                  | <b>21</b>      |    | T <b>28</b> S      |  | R <b>1</b> E |  |
| Distance and direction from nearest town or city street address of well if located within city?<br><b>5330 S. Broadway - Wichita</b>                                                                                                                                                                     |             |                                                                                      |                                                                                                  |                |    |                    |  |              |  |
| 2 WATER WELL OWNER: <b>Fuel Managers, Inc.</b>                                                                                                                                                                                                                                                           |             |                                                                                      |                                                                                                  |                |    |                    |  |              |  |
| RR#, St. Address, Box # : <b>10711 E. 11<sup>th</sup> St.</b> Board of Agriculture, Division of Water Resources                                                                                                                                                                                          |             |                                                                                      |                                                                                                  |                |    |                    |  |              |  |
| City, State, ZIP Code : <b>Tulsa, OK 74128</b> Application Number:                                                                                                                                                                                                                                       |             |                                                                                      |                                                                                                  |                |    |                    |  |              |  |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                     |             | 4 DEPTH OF COMPLETED WELL <b>20</b> ft. ELEVATION: <b>1273.40 (TOC)</b>              |                                                                                                  |                |    |                    |  |              |  |
|                                                                                                                                                                                                                                                                                                          |             | Depth(s) Groundwater Encountered 1 <b>15</b> ft. 2 _____ ft. 3 _____ ft.             |                                                                                                  |                |    |                    |  |              |  |
|                                                                                                                                                                                                                                                                                                          |             | WELL'S STATIC WATER LEVEL _____ 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 _____ ft. after _____ hours pumping _____ gpm   |                                                                                                  |                |    |                    |  |              |  |
|                                                                                                                                                                                                                                                                                                          |             | Bore Hole Diameter <b>8.25</b> in. to <b>20</b> ft. and _____ in. to _____ ft.       |                                                                                                  |                |    |                    |  |              |  |
|                                                                                                                                                                                                                                                                                                          |             | WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well |                                                                                                  |                |    |                    |  |              |  |
|                                                                                                                                                                                                                                                                                                          |             | 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) |                                                                                                  |                |    |                    |  |              |  |
|                                                                                                                                                                                                                                                                                                          |             | 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) <b>10 Monitoring well</b>     |                                                                                                  |                |    |                    |  |              |  |
| Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> If yes, mo/day/yr sample was submitted                                                                                                                                                                              |             |                                                                                      |                                                                                                  |                |    |                    |  |              |  |
| Water Well Disinfected? Yes _____ No <b>X</b>                                                                                                                                                                                                                                                            |             |                                                                                      |                                                                                                  |                |    |                    |  |              |  |
| 5 TYPE OF BLANK CASING USED:                                                                                                                                                                                                                                                                             |             |                                                                                      |                                                                                                  |                |    |                    |  |              |  |
| 1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____                                                                                                                                                                                                               |             |                                                                                      |                                                                                                  |                |    |                    |  |              |  |
| <b>2 PVC</b> 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____                                                                                                                                                                                                                                |             |                                                                                      |                                                                                                  |                |    |                    |  |              |  |
| 7 Fiberglass _____ Threaded _____ Flush _____                                                                                                                                                                                                                                                            |             |                                                                                      |                                                                                                  |                |    |                    |  |              |  |
| Blank casing diameter <b>2</b> in. to <b>10</b> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.                                                                                                                                                                                                |             |                                                                                      |                                                                                                  |                |    |                    |  |              |  |
| Casing height above land surface <b>Flushmount</b> in., weight <b>0.703</b> lbs./ft. Wall thickness or gauge No. <b>SCH. 40</b>                                                                                                                                                                          |             |                                                                                      |                                                                                                  |                |    |                    |  |              |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:                                                                                                                                                                                                                                                                  |             |                                                                                      |                                                                                                  |                |    |                    |  |              |  |
| 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement                                                                                                                                                                                                                                     |             |                                                                                      |                                                                                                  |                |    |                    |  |              |  |
| 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 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 <b>10</b> ft. to <b>20</b> ft. From _____ ft. to _____ ft.                                                                                                                                                                                                             |             |                                                                                      |                                                                                                  |                |    |                    |  |              |  |
| From _____ ft. to _____ ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                                                  |             |                                                                                      |                                                                                                  |                |    |                    |  |              |  |
| GRAVEL PACK INTERVALS: From <b>8</b> ft. to <b>20</b> ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                    |             |                                                                                      |                                                                                                  |                |    |                    |  |              |  |
| From _____ ft. to _____ ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                                                  |             |                                                                                      |                                                                                                  |                |    |                    |  |              |  |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <b>3 Bentonite</b> 4 Other _____                                                                                                                                                                                                                          |             |                                                                                      |                                                                                                  |                |    |                    |  |              |  |
| Grout Intervals From <b>1</b> ft. to <b>8</b> 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 _____                                                                                                                                                                                                                                                                             |             |                                                                                      |                                                                                                  |                |    |                    |  |              |  |
| Direction from well? _____ How many feet? _____                                                                                                                                                                                                                                                          |             |                                                                                      |                                                                                                  |                |    |                    |  |              |  |
| FROM                                                                                                                                                                                                                                                                                                     | TO          | CODE                                                                                 | LITHOLOGIC LOG                                                                                   | FROM           | TO | PLUGGING INTERVALS |  |              |  |
| <b>0</b>                                                                                                                                                                                                                                                                                                 | <b>0.6</b>  |                                                                                      | <b>Topsoil</b>                                                                                   |                |    |                    |  |              |  |
| <b>0.6</b>                                                                                                                                                                                                                                                                                               | <b>8</b>    |                                                                                      | <b>Silt and Sand, dark brown, some roots</b>                                                     |                |    |                    |  |              |  |
| <b>8</b>                                                                                                                                                                                                                                                                                                 | <b>10.7</b> |                                                                                      | <b>Clay, dark brown with orange mottling, some sand</b>                                          |                |    |                    |  |              |  |
| <b>10.7</b>                                                                                                                                                                                                                                                                                              | <b>12.5</b> |                                                                                      | <b>Silt and Clay, light brown, some sand</b>                                                     |                |    |                    |  |              |  |
| <b>12.5</b>                                                                                                                                                                                                                                                                                              | <b>20</b>   |                                                                                      | <b>Sand, light brown, fine to medium grained, changes to medium to coarse grained at 15 feet</b> |                |    |                    |  |              |  |
|                                                                                                                                                                                                                                                                                                          |             |                                                                                      |                                                                                                  |                |    |                    |  |              |  |
|                                                                                                                                                                                                                                                                                                          |             |                                                                                      |                                                                                                  |                |    |                    |  |              |  |
|                                                                                                                                                                                                                                                                                                          |             |                                                                                      |                                                                                                  |                |    |                    |  |              |  |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <b>(1) constructed</b> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) <b>05/20/08</b> and this record is true to the best of my knowledge and belief. Kansas                                |             |                                                                                      |                                                                                                  |                |    |                    |  |              |  |
| Water Well Contractor's License No. <b>531</b> This Water Well Record was completed on (mo/day/yr) <b>06/12/08</b>                                                                                                                                                                                       |             |                                                                                      |                                                                                                  |                |    |                    |  |              |  |
| under the business name of <b>Geotechnical Services Inc.</b> by (signature) <i>[Signature]</i>                                                                                                                                                                                                           |             |                                                                                      |                                                                                                  |                |    |                    |  |              |  |
| INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records. |             |                                                                                      |                                                                                                  |                |    |                    |  |              |  |

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