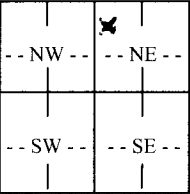


## WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

| <b>1 LOCATION OF WATER WELL</b><br>County: <u>Sedgwick</u> Fraction <u>NW 1/4 NE 1/4</u><br>Distance and direction from nearest town or city street address of well if located within city? <u>(owner)</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |    | Section Number <u>19</u> Township Number <u>T 28 S</u> Range Number <u>R 10 E/W</u><br><b>Global Positioning Systems</b> (decimal degrees, min. of 4 digits)<br>Latitude: _____<br>Longitude: _____<br>Elevation: _____<br>Datum: _____<br>Data Collection Method: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                |                    |    |                    |   |   |        |  |  |  |   |    |            |  |  |  |    |    |          |  |  |  |    |    |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
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| <b>2 WATER WELL OWNER:</b> <u>Karl Carter</u><br>RR#, St. Address, Box # : <u>1204 W 48th St S</u><br>City, State, ZIP Code : <u>Wichita, KS</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |    | <b>4 DEPTH OF COMPLETED WELL</b> <u>40</u> ft.<br><br>Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft.<br>WELL'S STATIC WATER LEVEL <u>14</u> ft. below land surface measured on mo/day/yr. <u>5/21/09</u><br>Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm<br>Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm<br>WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well<br>1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)<br>2 Irrigation 4 Industrial 7 <u>Domestic (lawn &amp; garden)</u> 10 Monitoring well _____<br><br>Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yr _____<br>Sample was submitted _____ Water well disinfected? Yes <u>X</u> No _____ |      |                |                    |    |                    |   |   |        |  |  |  |   |    |            |  |  |  |    |    |          |  |  |  |    |    |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| <b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b><br><div style="text-align: center;">  </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |                |                    |    |                    |   |   |        |  |  |  |   |    |            |  |  |  |    |    |          |  |  |  |    |    |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| <b>5 TYPE OF CASING USED:</b><br>1 <u>Steel</u> 3 RMP (SR) 6 Asbestos-Cement 8 Concrete tile CASING JOINTS: Glued <u>X</u> Clamped _____<br>2 <u>PVC</u> 4 ABS 7 Fiberglass 9 Other (specify below) Welded _____<br>Blank casing diameter <u>5</u> in. to <u>40</u> ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.<br>Casing height above land surface <u>160</u> in., Weight <u>160</u> lbs./ft. Wall thickness or guage No. <u>20</u><br><b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b><br>1 Steel 3 Stainless Steel 5 Fiberglass 7 <u>PVC</u> 9 ABS 11 Other (Specify) _____<br>2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)<br><b>SCREEN OR PERFORATION OPENINGS ARE:</b><br>1 Continuous slot 3 <u>Mill slot</u> 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)<br>2 Louvered shutter 4 <u>Key punched</u> 6 Wire wrapped 8 Saw cut 10 Other (specify) _____<br><b>SCREEN-PERFORATED INTERVALS:</b> From <u>30</u> ft. to <u>40</u> ft., From _____ ft. to _____ ft.<br>From _____ ft. to _____ ft., From _____ ft. to _____ ft.<br><b>GRAVEL PACK INTERVALS:</b> From <u>24</u> ft. to <u>40</u> ft., From _____ ft. to _____ ft.<br>From _____ ft. to _____ ft., From _____ ft. to _____ ft. |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |                |                    |    |                    |   |   |        |  |  |  |   |    |            |  |  |  |    |    |          |  |  |  |    |    |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| <b>6 GROUT MATERIAL:</b> 1 Neat cement 2 Cement grout 3 <u>Bentonite</u> 4 Other _____<br>Grout Intervals: From <u>4</u> ft. to <u>24</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.<br>What is the nearest source of possible contamination:<br>1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide storage 16 Other (specify)<br>2 <u>Sewer lines</u> 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well below<br>3 <u>Watertight sewer lines</u> 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/gas well _____<br>Direction from well? <u>East</u> How many feet? <u>12'</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |                |                    |    |                    |   |   |        |  |  |  |   |    |            |  |  |  |    |    |          |  |  |  |    |    |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>2</td> <td>T Soil</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td>13</td> <td>Sandy Clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>13</td> <td>39</td> <td>Med Sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>39</td> <td>40</td> <td>Green Shale</td> <td></td> <td></td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>                                                                                                                                                                                                            |    | FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TO   | LITHOLOGIC LOG | FROM               | TO | PLUGGING INTERVALS | 0 | 2 | T Soil |  |  |  | 2 | 13 | Sandy Clay |  |  |  | 13 | 39 | Med Sand |  |  |  | 39 | 40 | Green Shale |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <u>(1)</u> constructed, <u>(2)</u> reconstructed, or <u>(3)</u> plugged under my jurisdiction and was completed on (mo/day/year) <u>5-21-09</u> and this record is true to the best of my knowledge and belief.<br>Kansas Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/year) <u>6/21/09</u><br>under the business name of <u>Chase Drilling</u> by (signature) <u>Pace</u> |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | TO | LITHOLOGIC LOG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | FROM | TO             | PLUGGING INTERVALS |    |                    |   |   |        |  |  |  |   |    |            |  |  |  |    |    |          |  |  |  |    |    |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2  | T Soil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |                |                    |    |                    |   |   |        |  |  |  |   |    |            |  |  |  |    |    |          |  |  |  |    |    |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 13 | Sandy Clay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |                |                    |    |                    |   |   |        |  |  |  |   |    |            |  |  |  |    |    |          |  |  |  |    |    |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| 13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 39 | Med Sand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                |                    |    |                    |   |   |        |  |  |  |   |    |            |  |  |  |    |    |          |  |  |  |    |    |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| 39                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 40 | Green Shale                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |                |                    |    |                    |   |   |        |  |  |  |   |    |            |  |  |  |    |    |          |  |  |  |    |    |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
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| <b>INSTRUCTIONS:</b> 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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |                |                    |    |                    |   |   |        |  |  |  |   |    |            |  |  |  |    |    |          |  |  |  |    |    |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |