WATER WELL RECORD NW SW SE NW Form WWC-5

Division of Water Resources; App. No.

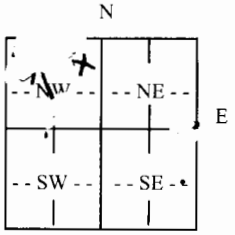
1 LOCATION OF WATER WELL: County: Sedgwick | Fraction: ¼ NW ¼ ¼ | Section Number: 6 | Township Number: T 28 S | Range Number: R 1 (E)/W

Distance and direction from nearest town or city street address of well if located within city? Same as Number 2 ☒

Global Positioning Systems (decimal degrees, min. of 4 digits)
Latitude:
Longitude:
Elevation:
Datum:
Data Collection Method:

2 WATER WELL OWNER: Jim Wait
RR#, St. Address, Box # : 2727 Hiram
City, State, ZIP Code : Wichita Kans 67217

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



4 DEPTH OF COMPLETED WELL ..... ft. 1-2nd Pump AND - Electric Pump

Depth(s) Groundwater Encountered (1) 25 ft. (2) ..... ft. (3) ..... ft.
WELL'S STATIC WATER LEVEL 20 ft. below land surface measured on mo/day/yr 3-28-2010
Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm
Est. Yield ..... gpm: Well water was ..... ft. after ..... hours pumping ..... gpm
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) Domestic (lawn & garden) 10 Monitoring well .....

Was a chemical/bacteriological sample submitted to Department? Yes ..... No X; If yes, mo/day/yrs Sample was submitted ..... Water well disinfected? Yes ..... No .....

5 TYPE OF 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 ..... Clamped ..... Welded ..... Threaded X
Blank casing diameter 1 1/4 in. to 25' ft., Diameter 1 1/4 in. to 25' ft., Diameter ..... in. to ..... ft.
Casing height above land surface 12" in., Weight ..... lbs./ft. Wall thickness or guage No. .....

TYPE OF SCREEN OR PERFORATION MATERIAL:
1 Steel (3 Stainless Steel) 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify) Teflon Coated
2 Brass 4 Galvanized Steal 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)
2 Louvered shutter (4) Key punched 6 Wire wrapped 8 Saw cut 10 Other (specify) Sand Point - Teflon Coated

SCREEN-PERFORATED INTERVALS: From ..... ft. to ..... ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.
GRAVEL PACK INTERVALS: From ..... ft. to ..... ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout (3) Bentonite 4 Other ..... * As per telephone conversation w/ Jim Wait 4-7-10
Grout Intervals: From 0 ft. to 3 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 13 Insecticide storage 16 Other (specify below)
(2 Sewer lines) 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/gas well .....
Direction from well? West How many feet? 18'

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Top Soil			
3	20	Grey Clay			
20	25'	Sand			

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) 3-28-2010 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. None. This Water Well Record was completed ~~on (mo/day/year)~~ ..... under the business name of None by (signature) J Wait

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, 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 http://www.kdheks.gov/waterwell/index.html.

KSA 82a-1212

CITY OF WICHITA
DEPARTMENT OF
ENVIRONMENTAL HEALTH

CITY OF WICHITA PERMIT NUMBER_____

WATER WELL PERMIT APPLICATION

INFORMATION TO BE FILLED OUT BY APPLICANT

ADDRESS OF WELL 2727 Hiram Wichita Ks 67217

OWNER:
NAME Jim Wait
MAILING ADDRESS 2727 Hiram - Wichita KS 67214
PHONE & FAX 316 - [redacted] 9433911

DRILLING CONTRACTOR:
NAME Self
ADDRESS
PHONE & FAX
CITY REG# / STATE LIC#

LEGAL DESCRIPTION
LOT 5 BLOCK 5 ADDITION Glenn Village

NW Quarter | 6 Section | 28S Township | 1E Range (Obtain from Drilling Contractor)

GENERAL INFORMATION - CHECK THE APPROPRIATE SPACE:

BUILDING USE: COMMERCIAL____ RESIDENTIAL X PUBLIC WATER SOURCE AVAILABLE: N/A____ CITY ✓ RWD#____

PUBLIC WATER USED: YES ✓ NO____ PUBLIC SEWER AVAILABLE: YES ✓ NO____ PUBLIC SEWER USED: YES ✓ NO____

SURFACE WATER WITHIN 50FT: (N/A) POND____ CREEK____ RIVER____ PROPERTY LOCATED IN FLOODPLAIN: YES ✓ NO____ (X)

WELL INFORMATION: PERSONAL USE____ LAWN & GARDEN X OTHER____ WELL TYPE: CASED____ DRIVEN X

IMPORTANT: PROVIDE A SITE PLAN SKETCH ON THE BACK OR ATTACH TO THIS FORM ILLUSTRATING WELL LOCATION AND LABEL DISTANCES FROM PROPERTY LINES, STRUCTURES, EXISTING WELLS, SEWER LINES, SEPTIC TANK AND LATERALS, ANIMAL PENS, SURFACE WATERS, CHEMICAL STORAGE, AND ANY POTENTIAL SOURCE OF CONTAMINATION WITHIN 50FT OF THE PROPOSED WELL.

APPLICANT'S STATEMENT: I hereby submit this application for a water well and certify the above information to be factual and true. I further certify that if the application is approved, the well will be constructed and operated with the approved plans, the requirements of the Health Officer and with all applicable laws, codes and regulations of the City of Wichita adopted or authorized by ordinance of the City Council and with all applicable laws and regulations of the State of Kansas, and that the Health Officer will be called for inspection upon installation of the well.

This application approval expires within one year from the date approved by the Health Officer and is not transferable to any owner of the location applied for other than the applicant who signed the applicant's statement.

SIGNATURE OF APPLICANT J Wait DATE 3-4-10

APPLICATION APPROVED BY ENVIRONMENTAL HEALTH OFFICER [signature] DATE 3/4/10

FEES RECEIVED: TYPE CK 8089 BY RT DATE 3/4/10 AMOUNT 150.00 RECEIPT# 8089/17361

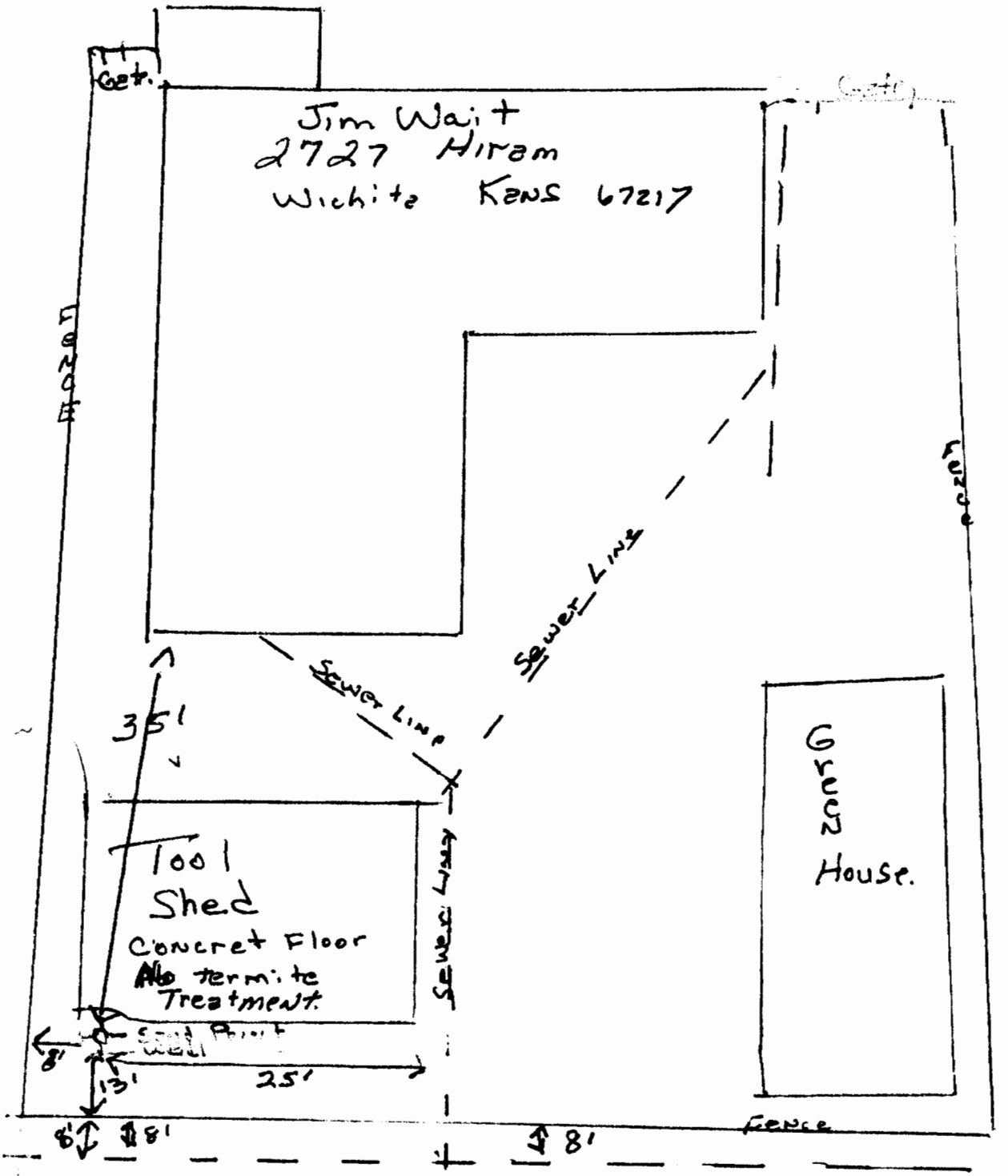
LOCATION IN IDENTIFIED GW CONTAMINATION AREA: Yes____ No ✓

INSPECTOR COMMENTS:
Please use appropriate treatment for termites when treating the shed or well will be required to be plugged.

The City of Wichita-Department of Environmental Health hereby releases to the owner, identified on this document, this **PERMIT** and authorizes the use of the approved water well. **THE ISSUANCE OF THIS PERMIT DOES NOT PROVIDE A WARRANTY BY THE HEALTH OFFICER OF SATISFACTORY OPERATION, BUT DOES REQUIRE THE OWNER TO BE RESPONSIBLE FOR PROPER OPERATION AND MAINTENANCE AND, IF NEEDED, MODIFICATIONS OF THE WELL OR OTHER ACTIONS TO ASSURE THE CONTINUOUS SATISFACTORY OPERATION.** The owner shall notify the Health Officer at time of listing the property for sale where this well is located; and this well shall be inspected prior to change of ownership of said property.

PERMIT APPROVED BY ENVIRONMENTAL HEALTH OFFICER _____ DATE_____

1900 E. Ninth Street – Wichita, Kansas 67214
Telephone (316) 268-8351 – Fax (316) 268-8390
www.wichitagov.org


Get.
Jim Wait
2727 Hiram
Wichita Kans 67217
Fence
Sewer Line
Sewer Line
Sewer Line
351
Tool
Shed
Concret Floor
Also termite
Treatment
Green
House.
Well Point
8'
13'
25'
8'
8'
8'
Fence