**GSI Job No. 117181** **MW-17**

WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No. **0045375**

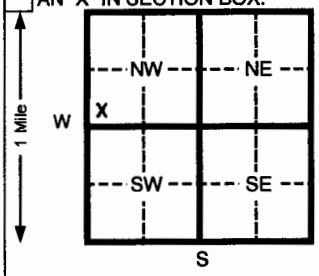
| 1 LOCATION OF WATER WELL: | Fraction | Section Number | Township Number | Range Number |
|---|---|---|---|---|
| County: **Sedgwick** | **SW** ¼ **SW** ¼ **NW** ¼ | **17** | T **28** S | R **1** E |

Distance and direction from nearest town or city street address of well if located within city?
**4344 S. Seneca – Wichita**

2 WATER WELL OWNER: **Coastal Mart 9105**
RR#, St. Address, Box # : **4255 S. Seneca**
City, State, ZIP Code : **Wichita, KS 67217**

Board of Agriculture, Division of Water Resources
Application Number:

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




4 DEPTH OF COMPLETED WELL **20** ft. ELEVATION: **1275.97 TOC**
Depth(s) Groundwater Encountered 1 **9** ft. 2 ____ ft. 3 ____ ft.
WELL'S STATIC WATER LEVEL **9.87** ft. below TOC measured on mo/day/yr **05/04/12**
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 **8** in. to **20** ft. and ____ in. to ____ ft.
WELL WATER TO BE USED AS: 1 Domestic 3 Feed lot 5 Public water supply 6 Oil field water supply 8 Air conditioning 9 Dewatering 11 Injection well 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) [10 Monitoring well]
Was a chemical/bacteriological sample submitted to Department? Yes ____ No **X** If yes, mo/day/yr sample was submitted
Water Well Disinfected? Yes ____ No **X**

5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought Iron 6 Asbestos-Cement 8 Concrete tile 9 Other (specify below) [2 PVC] 4 ABS 7 Fiberglass
CASING JOINTS: Glued ____ Clamped ____ Welded ____ [Threaded **Flush**]
Blank casing diameter **2** in. to **5** ft., Dia ____ in. to ____ ft., Dia ____ in. to ____ ft.
Casing height above land surface **0** in., weight **0.703** lbs./ft. Wall thickness or gauge No. **SCH. 40**
TYPE OF SCREEN OR PERFORATION MATERIAL: [7 PVC] 10 Asbestos-cement
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) ____
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
1 Continuous slot [3 Mill slot] 6 Wire wrapped 9 Drilled holes
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) ____
SCREEN-PERFORATED INTERVALS: From **5** ft. to **20** ft. From ____ ft. to ____ ft.
From ____ ft. to ____ ft. From ____ ft. to ____ ft.
GRAVEL PACK INTERVALS: From **2.5** ft. to **20** 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 ____
Grout Intervals From **1** ft. to **2.5** 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 |
|---|---|---|---|---|---|---|
| 0 | 3 | | **Sand, medium grained** | | | |
| 3 | 4 | | **Clay, dark brown, silty** | | | |
| 4 | 8 | | **Sand, medium grained** | | | |
| 8 | 9 | | **Clay, dark brown, silty** | | | |
| 9 | 20 | | **Sand, coarse grained** | | | |
| | | | | | | **GPS:** |
| | | | | | | **Latitude: N37°36'58.05"** |
| | | | | | | **Longitude: W97°21'07.72"** |

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/yr) **05/11/12** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **531** This Water Well Record was completed on (mo/day/yr) **05/23/12**
under the business name of **Geotechnical Services Inc.** by (signature) [signature]

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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