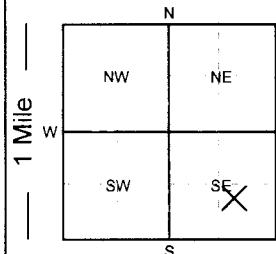


**WATER WELL RECORD Form WWC-5 KSA 82a-1212**

1 LOCATION OF WATER WELL: <b>Sedgwick</b>	FRACTION <b>NW 1/4 SE 1/4 SE 1/4</b>	SECTION NUMBER <b>29</b>	TOWNSHIP NUMBER <b>T 28 S</b>	RANGE NUMBER <b>R 1E E/W</b>
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Distance and direction from nearest town or city street address of well if located within city?  
**39th & Fairview Wichita, Kansas (2 plugs on 1 permit)**

2 WATER WELL OWNER: <b>WICHITA, CITY OF</b>	Board of Agriculture, Division of Water Resource
RR#,ST. ADDRESS,BOX #: <b>455 N. Main</b>	Application Number: <b>2018/0033</b>
CITY, STATE: <b>Wichita, Kansas</b>	ZIP CODE:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF <del>COMPLETED</del> <b>plugged</b> WELL: <b>36</b> ft. ELEVATION: Depth of groundwater Encountered: _____ ft. WELL'S STATIC WATER LEVEL <b>11</b> FT. BELOW LAND SURFACE MEASURED ON mo/day/yr: <b>2/8/18</b> Pump test data: Well water was _____ ft. after _____ hours of pumping @ _____ gpm Est. Yield: gpm Well water was _____ ft. after _____ hours of pumping @ _____ gpm Bore Hole Diameter _____ in. to _____ ft. and _____ in. to _____ ft. WELL WATER <del>TYPE</del> <b>USE</b> USED AS: 1. Domestic 3. Feedlot 5. Public water supply 7. Lawn and garden only <b>9. Dewatering</b> 11. Injection well 2. Irrigation 4. Industrial 6. Oil field water supply 8. Air conditioning 10. Monitoring well 12. Other (Specify below) Was a chemical/bacteriological sample submitted to Department? <b>YES</b> NO ; If yes, what mo/day/yr was sample submitted Was Water Well Disinfected? <b>YES</b> NO
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5 TYPE OF CASING USED: 1. Steel 3. RPM (SR) 5. Wrought Iron 7. Fiberglass 9. Other (Specify below)	CASING JOINTS: Glued Threaded Welded Clamped
2. PVC 4. ABS 6. Asbestos-Cement 8. Concrete tile	
Blank casing diameter <b>8</b> in. to _____ ft., Dia. _____ in. to _____ ft.	
Casing height <del>below</del> and surface: <b>72</b> in., Weight: _____ lbs. / ft. Wall thickness or gauge No. _____	
TYPE OF SCREEN OR PERFORATION MATERIAL: 1. Steel 3. Stainless Steel 5. Fiberglass 7. PVC 9. ABS 11. Other (specify) 2. Brass 4. Galvanized 6. Concrete Tile 8. RMP (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)	
SCREEN - PERFORATION INTERVAL From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.	

6 GROUT MATERIALS: 1. Neat cement 2. Cement Grout 3. Bentonite Other	Grout Intervals: From <b>5</b> ft. to <b>25</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 13. Insecticide storage 15. Oil well/Gas well 2. Sewer lines 5. Cess Pool 8. Sewage lagoon 11. Fuel storage 14. Abandon water well 16. Other (specify below) 3. Watertight sewer line 6. Seepage pit 9. Feed yard 12. Fertilizer storage	
Direction from well? _____ How many feet? _____	

From	To	LITHOLOGIC LOG	From	To	LITHOLOGIC LOG
			<b>0</b>	<b>5</b>	<b>compacted clay</b>
			<b>5</b>	<b>25</b>	<b>hole plug</b>
			<b>25</b>	<b>36</b>	<b>chlorinated gravel</b>

7 Contractor's or Landowner's Certification: This water well was 1. <b>constructed</b> 2. <b>reconstructed</b> or 3. <b>plugged</b> under my jurisdiction and was completed on (mo/day/year) <b>2/8/18</b> and this record is true to the best of my knowledge and belief.	
Kansas Water Well Contractor's License No. <b>236</b>	This water well record was completed on (mo/day/year) <b>2/9/18</b>
under the business name of <b>Harp Well and Pump Service</b>	by (signature) <b>Todd S. Harp</b>