

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

| 1 LOCATION OF WATER WELL:<br><b>Sedgwick</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | FRACTION<br>NW 1/4 NE 1/4 SE 1/4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | SECTION NUMBER<br><b>31</b> | TOWNSHIP NUMBER<br>T <b>28</b> S | RANGE NUMBER<br>R <b>2E</b> E/W |                |    |                |      |    |                |   |   |         |  |  |  |   |    |      |  |  |  |    |    |                      |  |  |  |    |    |            |  |  |  |    |    |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Distance and direction from nearest town or city street address of well if located within city?<br><b>1913 Newberry Wichita, Kansas</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |                                  |                                 |                |    |                |      |    |                |   |   |         |  |  |  |   |    |      |  |  |  |    |    |                      |  |  |  |    |    |            |  |  |  |    |    |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 WATER WELL OWNER: <b>KLAUSMEYER CONSTRUCTION</b><br>RR#, ST. ADDRESS, BOX #: <b>10008 W. York</b><br>CITY, STATE: <b>Wichita, Kansas</b> ZIP CODE: _____ Application Number: _____<br><div style="text-align:right; font-size: small;">Board of Agriculture, Division of Water Resource</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |                                  |                                 |                |    |                |      |    |                |   |   |         |  |  |  |   |    |      |  |  |  |    |    |                      |  |  |  |    |    |            |  |  |  |    |    |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 4 DEPTH OF COMPLETED WELL: <b>90</b> ft. ELEVATION: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                             |                                  |                                 |                |    |                |      |    |                |   |   |         |  |  |  |   |    |      |  |  |  |    |    |                      |  |  |  |    |    |            |  |  |  |    |    |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <div style="font-size: x-small;"><div>1 Mile</div><div>N<br/>  NW   NE  <br/>---+---<br/>SW   SE   X<br/>S</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |                                  |                                 |                |    |                |      |    |                |   |   |         |  |  |  |   |    |      |  |  |  |    |    |                      |  |  |  |    |    |            |  |  |  |    |    |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 TYPE OF CASING USED:<br>1. Steel    3. RPM (SR)    5. Wrought Iron    7. Fiberglass    9. Other (Specify below)<br><u>2. PVC</u> 4. ABS    6. Asbestos-Cement    8. Concrete tile <b>SDR-26</b><br>Blank casing diameter <b>5</b> in. to <b>60</b> ft., Dia. in. to ____ ft., Dia. in. to ____ ft.<br>Casing height above land surface: <b>12</b> in., Weight: <b>2.35</b> lbs. / ft. Wall thickness or gauge No. <b>.214</b><br>TYPE OF SCREEN OR PERFORATION MATERIAL:<br>1. Steel    3. Stainless Steel    5. Fiberglass <u>7. PVC</u> 9. ABS    11. Other (specify)<br>2. Brass    4. Galvanized    6. Concrete Tile    8. RMP (SR)    10. Asbestos-Cement    12. None used (open hole)<br>SCREEN OR PERFORATION OPENINGS ARE:<br>1. Continuous slot    3. Mill slot    5. Gauzed wrapped    7. Torch cut    9. Drilled holes    11. None ( open hole )<br>2. Louvered shutter    4. Key punched    6. Wire wrapped <u>8. Saw cut</u> 10. Other (specify)<br>SCREEN - PERFORATION INTERVAL From <b>60</b> ft. to <b>90</b> ft., From ____ ft. to ____ ft.<br>GRAVEL PACK INTERVALS: From <b>24</b> ft. to <b>90</b> ft., From ____ ft. to ____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |                                  |                                 |                |    |                |      |    |                |   |   |         |  |  |  |   |    |      |  |  |  |    |    |                      |  |  |  |    |    |            |  |  |  |    |    |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 GROUT MATERIALS: 1. Neat cement    2. Cement Grout    3. Bentonite    Other bentonite hole plug<br>Grout Intervals: From <b>4</b> ft. to <b>24</b> 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    15. Oil well/Gas well<br>2. Sewer lines    5. Cess Pool    8. Sewage lagoon    11. Fuel storage    14. Abandon water well    16. Other (specify below)<br><u>3. Watertight sewer line</u> 6. Seepage pit    9. Feed yard    12. Fertilizer storage<br>Direction from well? East How many feet? <b>10 ft. plus</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |                                  |                                 |                |    |                |      |    |                |   |   |         |  |  |  |   |    |      |  |  |  |    |    |                      |  |  |  |    |    |            |  |  |  |    |    |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">From</th><th style="width:10%;">To</th><th style="width:40%;">LITHOLOGIC LOG</th><th style="width:10%;">From</th><th style="width:10%;">To</th><th style="width:40%;">LITHOLOGIC LOG</th></tr> </thead> <tbody> <tr><td>0</td><td>3</td><td>topsoil</td><td></td><td></td><td></td></tr> <tr><td>3</td><td>45</td><td>clay</td><td></td><td></td><td></td></tr> <tr><td>45</td><td>70</td><td>fine and medium sand</td><td></td><td></td><td></td></tr> <tr><td>70</td><td>85</td><td>grey shale</td><td></td><td></td><td></td></tr> <tr><td>85</td><td>90</td><td>limestone</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> <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 | LITHOLOGIC LOG | 0 | 3 | topsoil |  |  |  | 3 | 45 | clay |  |  |  | 45 | 70 | fine and medium sand |  |  |  | 70 | 85 | grey shale |  |  |  | 85 | 90 | limestone |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| From                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | To                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | LITHOLOGIC LOG              | From                             | To                              | LITHOLOGIC LOG |    |                |      |    |                |   |   |         |  |  |  |   |    |      |  |  |  |    |    |                      |  |  |  |    |    |            |  |  |  |    |    |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 7 Contractor's or Landowner's Certification: This water well was 1. <u>constructed</u> 2. reconstructed or 3. plugged under my jurisdiction and was completed on (mo/day/year) <b>7/11/2013</b> and this record is true to the best of my knowledge and belief.<br>Kansas Water Well Contractor's License No. 236 This water well record was completed on (mo/day/year) <b>7/15/2013</b><br>under the business name of <b>Harp Well and Pump Service</b> by (signature) <i>Todd S. Harp</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |                                  |                                 |                |    |                |      |    |                |   |   |         |  |  |  |   |    |      |  |  |  |    |    |                      |  |  |  |    |    |            |  |  |  |    |    |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |