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

1 LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: Sedgwick	SE ¼ SE ¼ NE ¼	28	T 29 S	R 1E (E)W

Distance and direction from nearest town or city? 1 mile East - 4 miles South of Haysville KS

Street address of well if located within city?

2 WATER WELL OWNER: Chandler, George T.
RR#, St. Address, Box # : 10723 S. Hydraulic
City, State, ZIP Code : ~~Wichita~~ KS 67110 Mulvane KS

Board of Agriculture, Division of Water Resources Application Number: N.A.

3 DEPTH OF COMPLETED WELL 34 ft. Bore Hole Diameter 11 in. to 13 ft., and ..... in. to ..... ft.

Well Water to be used as: 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public water supply 6 Oil field water supply 7 Lawn and garden only 8 Air conditioning 9 Dewatering 10 Observation well 11 Injection well 12 Other (Specify below)

Well's static water level 13 ft. below land surface measured on 10 month 21 day 81 year

Pump Test Data: Well water was 15 ft. after 5 hours pumping 15 gpm
Est. Yield 30 gpm: Well water was ..... ft. after ..... hours pumping ..... gpm

4 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 2 PVC 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below)

Casing Joints: Glued ..... Clamped ..... Welded ..... Threaded .....

Blank casing dia 6 in. to 29 ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.
Casing height above land surface 12 in., weight 1.5 lbs./ft. Wall thickness or gauge No .200

TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 PVC 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) 12 None used (open hole)

Screen or Perforation Openings Are: 1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) 11 None (open hole)

Screen-Perforation Dia 6 in. to 34 ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.
Screen-Perforated Intervals: From 29 ft. to 34 ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.
Gravel Pack Intervals: From None ft. to ..... ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.

5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other .....
Grouted Intervals: From 3 ft. to 13 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

What is the nearest source of possible contamination: 1 Septic tank 2 Sewer lines 3 Lateral lines 4 Cess pool 5 Seepage pit 6 Pit privy 7 Sewage lagoon 8 Feed yard 9 Livestock pens 10 Fuel storage 11 Fertilizer storage 12 Insecticide storage 13 Watertight sewer lines 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below)

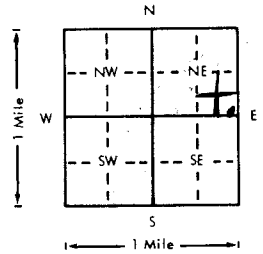
Direction from well South How many feet 75 ? Water Well Disinfected? Yes X No

Was a chemical/bacteriological sample submitted to Department? Yes ..... No X ..... If yes, date sample was submitted ..... month ..... day ..... year: Pump Installed? Yes X No .....

If Yes: Pump Manufacturer's name Flint & Walling (F&W) Model No. 5BT5 HP 1/2 Volts 115
Depth of Pump Intake 30 ft. Pumps Capacity rated at 19 gal./min.
Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on 10 month 21 day 81 year and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 295
This Water Well Record was completed on ~~10~~ 10 month 21 day 81 year under the business name of Protheroe Pump & Well Service by (signature) Glenn J Protheroe

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



FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	5	BLK Sand/clay loam			
5	13	Brn fine Sand			
13	25	" Med. fine Sand			
25	26	BLK Clay			
26	34	LT. Tan. Med Course Sand			

ELEVATION:

Depth(s) Groundwater Encountered 1. 13 ft. 2. ..... ft. 3. ..... ft. 4. ..... ft. (Use a second sheet if needed)

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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.