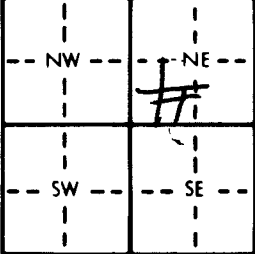


Sedgwick Co

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

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------|--|
| 1 LOCATION OF WATER WELL:<br>County: <del>Batter</del> <u>SE 1/4 SW 1/4 NE 1/4</u> Section Number <u>21</u> Township Number <u>T 29 S</u> Range Number <u>R 2 E</u><br>Distance and direction from nearest town or city street address of well if located within city?<br><u>3 E of Derby</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 2 WATER WELL OWNER:<br>RR#, St. Address, Box # :<br>City, State, ZIP Code : <u>Ed Hill</u><br><u>Andover Kan</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Board of Agriculture, Division of Water Resources<br>Application Number: |  |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 4 DEPTH OF COMPLETED WELL <u>145</u> ft. ELEVATION:<br>Depth(s) Groundwater Encountered <u>1</u> <u>100</u> ft. 2. . . . . ft. 3. . . . . ft.<br>WELL'S STATIC WATER LEVEL <u>10</u> ft. below land surface measured on mo/day/yr<br>Pump test data: Well water was . . . . . ft. after . . . . . hours pumping . . . . . gpm<br>Est. Yield <u>10</u> gpm: Well water was . . . . . ft. after . . . . . hours pumping . . . . . gpm<br>Bore Hole Diameter <u>8 1/2</u> in. to . . . . . ft., and . . . . . in. to . . . . . ft.<br>WELL WATER TO BE USED AS:<br><input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 8 Air conditioning <input type="checkbox"/> 11 Injection well<br><input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 10 Monitoring well<br>Was a chemical/bacteriological sample submitted to Department? Yes . . . . . No <input checked="" type="checkbox"/> ; If yes, mo/day/yr sample was sub-<br>mitted . . . . . Water Well Disinfected? Yes <input checked="" type="checkbox"/> No |  |                                                                          |  |
| 5 TYPE OF BLANK CASING USED:<br><input checked="" type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 8 Concrete tile<br><input checked="" type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS <input type="checkbox"/> 7 Fiberglass <input type="checkbox"/> 9 Other (specify below)<br>Blank casing diameter . . . . . in. to <u>80</u> ft., Dia . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft.<br>Casing height above land surface . . . . . in., weight <u>160</u> lbs./ft. Wall thickness or gauge No. <u>214</u><br>TYPE OF SCREEN OR PERFORATION MATERIAL:<br><input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 5 Fiberglass <input type="checkbox"/> 8 RMP (SR) <input type="checkbox"/> 11 Other (specify) . . . . .<br><input type="checkbox"/> 2 Brass <input type="checkbox"/> 4 Galvanized steel <input type="checkbox"/> 6 Concrete tile <input type="checkbox"/> 9 ABS <input type="checkbox"/> 12 None used (open hole)<br>SCREEN OR PERFORATION OPENINGS ARE:<br><input type="checkbox"/> 1 Continuous slot <input type="checkbox"/> 3 Mill slot <input type="checkbox"/> 5 Gauzed wrapped <input checked="" type="checkbox"/> 8 Saw cut <input type="checkbox"/> 11 None (open hole)<br><input type="checkbox"/> 2 Louvered shutter <input type="checkbox"/> 4 Key punched <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 9 Drilled holes<br><input type="checkbox"/> 7 Torch cut <input type="checkbox"/> 10 Other (specify) . . . . .<br>SCREEN-PERFORATED INTERVALS: From <u>80</u> ft. to <u>145</u> ft., From . . . . . ft. to . . . . . ft.<br>GRAVEL PACK INTERVALS: From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.<br>From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft. |  | 6 GROUT MATERIAL: <input type="checkbox"/> 1 Neat cement <input checked="" type="checkbox"/> 2 Cement grout <input type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other . . . . .<br>Grout Intervals: From <u>0</u> ft. to <u>20</u> ft., From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.<br>What is the nearest source of possible contamination:<br><input type="checkbox"/> 1 Septic tank <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 14 Abandoned water well<br><input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 5 Cess pool <input checked="" type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 15 Oil well/Gas well<br><input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 16 Other (specify below)<br><input type="checkbox"/> 13 Insecticide storage<br>Direction from well? <u>W</u> How many feet? <u>250</u>                                      |  |                                                                          |  |
| FROM TO LITHOLOGIC LOG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | FROM TO PLUGGING INTERVALS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                          |  |
| 0 2 Soil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                          |  |
| 2 4 Clay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                          |  |
| 4 5 Rock                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                          |  |
| 5 15 Clay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                          |  |
| 15 145 Shale + Limestone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                          |  |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> (1) constructed, <input type="checkbox"/> (2) reconstructed, or <input type="checkbox"/> (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>3/6/90</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>251</u> This Water Well Record was completed on (mo/day/yr) <u>5/31/90</u> under the business name of <u>Winter Well Drilling</u> by (signature) <u>Charles Winter</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                          |  |
| 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 Protection, Topeka, Kansas 66620-7320. Telephone: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                          |  |

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