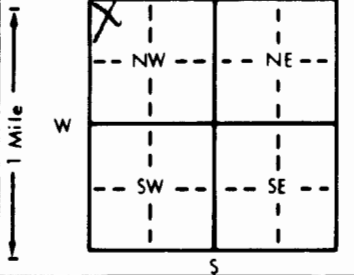


## WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Wichita</u>		<u>NW 1/4</u> <u>NW 1/4</u> <u>NW 1/4</u>	<u>26</u>	<u>T 18</u> <u>S</u>	<u>R 37</u> <u>EW</u>
Distance and direction from nearest town or city street address of well if located within city?					
2 WATER WELL OWNER: <u>L &amp; R Inc., ATTN: Ralph K. Reitz</u>					
RR#, St. Address, Box # : <u>P. O. Box 86</u>			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : <u>Lawrence, KS 66044</u>			Application Number: <u>11586</u>		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <u>180</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.			
		WELL'S STATIC WATER LEVEL <u>128</u> ft. below land surface measured on mo/day/yr			
		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 <u>28</u> in. to <u>180</u> ft., and .... in. to .... ft.			
		WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well			
		1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)			
		2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well			
		Was a chemical/bacteriological sample submitted to Department? Yes.....No <u>X</u> ..... If yes, mo/day/yr sample was submitted			
		Water Well Disinfected? Yes No <u>X</u>			
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <u>X</u> Clamped
2 PVC		4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded
			7 Fiberglass		Threaded
Blank casing diameter .... <u>16</u> in. to <u>120</u> ft., Dia .... in. to .... ft., Dia .... in. to .... ft.					
Casing height above land surface .... <u>24</u> in., weight .... <u>16.15</u> lbs./ft. Wall thickness or gauge No. .... <u>500</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel	5 Fiberglass	7 PVC	10 Asbestos-cement
2 Brass		4 Galvanized steel	6 Concrete tile	8 RMP (SR)	11 Other (specify)
				9 ABS	12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot		3 Mill slot	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
2 Louvered shutter		4 Key punched	6 Wire wrapped	9 Drilled holes	
			7 Torch cut	10 Other (specify)	
SCREEN-PERFORATED INTERVALS: From .... <u>120</u> ft. to .... <u>180</u> ft., From .... ft. to .... ft.					
GRAVEL PACK INTERVALS: From .... <u>20</u> ft. to .... <u>180</u> ft., From .... ft. to .... ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other					
Grout Intervals: From .... <u>0</u> ft. to .... <u>20</u> ft., From .... ft. to .... ft., From .... ft. to .... ft.					
What is the nearest source of possible contamination: <u>NONE</u>					
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	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Surface	105	109	Fine Sand w/Clay
2	9	Loess	109	114	Sandy Clay
9	24	Clay & Caliche	114	141	Sandy Clay w/Med. to Fine Sand
24	33	Med. Sand & Gravel w/Clay Layers	141	160	Med. Sand & Gravel w/Clay Layers
33	40	Cemented Sand, Clay & Caliche	160	165	Semi-Tight to Med. Sand w/Clay Lr
40	41	Caliche	165	168	Med. Sand w/Clay Layers
41	50	Caliche & Clay w/Some Sand	168	172	Sandy Clay w/Med. Sand Strks.
50	63	Cemented Sand, Clay & Caliche Mix	172	175	Med. Sand w/Clay
63	69	Cemented Sand-Hard	175	180	Ochre & Shale
69	71	Cemented Sand w/Clay Strks.			
71	80	Sandy Clay & Caliche			
80	85	Med. Sand w/Clay			
85	86	Cemented Sand, Hard			
86	90	Med. Sand w/Clay			
90	105	Sandy Clay w/Sand Strks.			
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/year) <u>12-1-97</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... <u>554</u> This Water Well Record was completed on (mo/day/yr) .... <u>3-9-98</u> under the business name of <u>Woofter Pump &amp; Well, Inc.</u> by (signature) <u>Jay B. Woofter</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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					