

B5 2511158

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                    |                       |                        |                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------|-----------------------|------------------------|---------------------|
| <b>1 LOCATION OF WATER WELL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>Fraction</b>                                                                    | <b>Section Number</b> | <b>Township Number</b> | <b>Range Number</b> |
| County: <u>Sedgwick</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <u>NW 1/4 SE 1/4 NW 1/4</u>                                                        | <u>25</u>             | <u>T 24 S</u>          | <u>R 1 E</u>        |
| Distance and direction from nearest town or city street address of well if located within city?<br><u>4100 Al. West St.</u>                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                    |                       |                        |                     |
| <b>2 WATER WELL OWNER:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                    |                       |                        |                     |
| RR#, St. Address, Box # : <u>City of Wichita</u>                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                    |                       |                        |                     |
| City, State, ZIP Code : <u>1900 E 9th St.</u><br><u>Wichita KS 67214</u>                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                    |                       |                        |                     |
| Board of Agriculture, Division of Water Resources<br>Application Number: _____                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                    |                       |                        |                     |
| <b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <b>4 DEPTH OF COMPLETED WELL</b> <u>53</u> ft. <b>ELEVATION:</b> _____             |                       |                        |                     |
| <div style="text-align: center;"><p>1 Mile</p></div>                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Depth(s) Groundwater Encountered 1. <u>15</u> ft. 2. _____ ft. 3. _____ ft.        |                       |                        |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | WELL'S STATIC WATER LEVEL _____ 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>8</u> in. to <u>53</u> in. and _____ in. to _____ in.        |                       |                        |                     |
| WELL WATER TO BE USED AS:                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                    |                       |                        |                     |
| 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 11 Injection well                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                    |                       |                        |                     |
| 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well 12 Other (Specify below)                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                    |                       |                        |                     |
| <u>Sparsely</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                    |                       |                        |                     |
| 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>                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                    |                       |                        |                     |
| <b>5 TYPE OF BLANK CASING USED:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                    |                       |                        |                     |
| 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                    |                       |                        |                     |
| <u>PVC</u> 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                    |                       |                        |                     |
| 7 Fiberglass <u>Threaded</u> <u>Fluted</u>                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                    |                       |                        |                     |
| Blank casing diameter <u>2</u> in. to <u>51</u> in. Dia. _____ in. to _____ in. Dia. _____ in. to _____ in.                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                    |                       |                        |                     |
| Casing height above land surface <u>0</u> in. weight _____ lbs./ft. Wall thickness or gauge No. <u>Sch 40</u>                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                    |                       |                        |                     |
| TYPE OF SCREEN OR PERFORATION MATERIAL:                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                    |                       |                        |                     |
| 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                    |                       |                        |                     |
| 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                    |                       |                        |                     |
| 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>51</u> ft. to <u>53</u> ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                    |                       |                        |                     |
| GRAVEL PACK INTERVALS: From <u>49</u> ft. to <u>53</u> ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                    |                       |                        |                     |
| From _____ ft. to _____ ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                    |                       |                        |                     |
| <b>6 GROUT MATERIAL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                    |                       |                        |                     |
| 1 Neat cement 2 Cement grout 3 Bentonite 4 Other                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                    |                       |                        |                     |
| Grout intervals: From <u>0</u> ft. to <u>3</u> ft. From <u>3</u> ft. to <u>49</u> 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 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     |                     |
| <u>0</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | <u>13</u>                                                                          |                       | <u>Silty clay</u>      |                     |
| <u>13</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <u>55.5</u>                                                                        |                       | <u>Sand</u>            |                     |
| <u>55.5</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                    |                       | <u>Shale</u>           |                     |
| <b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) <u>constructed</u> (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>11/21/97</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>531</u> This Water Well Record was completed on (mo/day/yr) <u>12/10/97</u> under the business name of <u>GSI</u> by (signature) <u>Alison M. Harris</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.

OFFICE USE ONLY

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