

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

| 1 LOCATION OF WATER WELL:<br><b>Sedgwick</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | FRACTION<br>CW 1/2 1/4 SW 1/4 SE 1/4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | SECTION NUMBER<br><b>28</b> | TOWNSHIP NUMBER<br>T <b>26</b> S | RANGE NUMBER<br>R <b>1W</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>1/2 mile W. of 37th N. &amp; Ridge Road on North side Wichita, Kansas</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                             |                                  |                                 |                |    |                |      |    |                |   |   |      |  |  |  |   |   |      |  |  |  |   |    |      |  |  |  |    |    |      |  |  |  |    |    |      |  |  |  |    |    |      |  |  |  |    |    |      |  |  |  |    |    |      |  |  |  |    |    |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 WATER WELL OWNER: <b>WICHITA, CITY OF</b><br>RR#, ST. ADDRESS, BOX #: <b>455 N. Main</b><br>CITY, STATE: <b>Wichita, Kansas</b> ZIP CODE: _____ Application Number: <b>20030287</b><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:<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 4 DEPTH OF COMPLETED WELL: <b>45</b> ft. ELEVATION: _____ ft.<br>Depth of groundwater Encountered: _____ ft.<br>WELL'S STATIC WATER LEVEL <b>12</b> FT. BELOW LAND SURFACE MEASURED ON <b>1/26/04</b><br>Pump test data: Well water was _____ ft. after _____ hours of pumping @ _____ gpm<br>Est. Yield: _____ gpm Well water was _____ ft. after _____ hours of pumping @ _____ gpm<br>Bore Hole Diameter <b>12</b> in. to <b>45</b> ft. and _____ in. to _____ ft.<br>WELL WATER TO BE USED AS:<br>1. Domestic 3. Feedlot 5. Public water supply 7. Lawn and garden only <b>9. Dewatering</b> 11. Injection well<br>2. Irrigation 4. Industrial 6. Oil field water supply 8. Air conditioning 10. Monitoring well 12. Other (Specify below) _____<br>Was a chemical/bacteriological sample submitted to Department? <b>YES</b> <b>NO</b> ; If yes, what mo/day/yr was sample submitted _____<br>Was Water Well Disinfected? <b>YES</b> <b>NO</b>                                                                                                                                                                                                                             |                             |                                  |                                 |                |    |                |      |    |                |   |   |      |  |  |  |   |   |      |  |  |  |   |    |      |  |  |  |    |    |      |  |  |  |    |    |      |  |  |  |    |    |      |  |  |  |    |    |      |  |  |  |    |    |      |  |  |  |    |    |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 5 TYPE OF CASING USED:<br>1. Steel 3. RPM (SR) 5. Wrought Iron 7. Fiberglass 9. Other (Specify below) CASING JOINTS: <b>Glued</b> Threaded<br><b>2. PVC</b> 4. ABS 6. Asbestos-Cement 8. Concrete tile <b>SDR-26</b> Welded Clamped<br>Blank casing diameter <b>8</b> in. to <b>20</b> ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.<br>Casing height above land surface: <b>24</b> in., Weight: <b>5.52</b> lbs. / ft. Wall thickness or gauge No. <b>.332</b><br>TYPE OF SCREEN OR PERFORATION MATERIAL:<br>1. Steel 3. Stainless Steel 5. Fiberglass <b>7. PVC</b> 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 <b>8. Saw cut</b> 10. Other (specify) _____<br>SCREEN - PERFORATION INTERVAL From <b>20</b> ft. to <b>40</b> ft., From _____ ft. to _____ ft.<br>GRAVEL PACK INTERVALS: From <b>20</b> ft. to <b>45</b> ft., From _____ ft. to _____ ft. |                             |                                  |                                 |                |    |                |      |    |                |   |   |      |  |  |  |   |   |      |  |  |  |   |    |      |  |  |  |    |    |      |  |  |  |    |    |      |  |  |  |    |    |      |  |  |  |    |    |      |  |  |  |    |    |      |  |  |  |    |    |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 GROUT MATERIALS: 1. Neat cement 2. Cement Grout 3. Bentonite Other <b>bentonite hole plug</b><br>Grout Intervals: From <b>0</b> ft. to <b>20</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>3. Watertight sewer line 6. Seepage pit 9. Feed yard 12. Fertilizer storage <b>None Apparent</b><br>Direction from well? _____ How many feet? _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                             |                                  |                                 |                |    |                |      |    |                |   |   |      |  |  |  |   |   |      |  |  |  |   |    |      |  |  |  |    |    |      |  |  |  |    |    |      |  |  |  |    |    |      |  |  |  |    |    |      |  |  |  |    |    |      |  |  |  |    |    |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>From</th> <th>To</th> <th>LITHOLOGIC LOG</th> <th>From</th> <th>To</th> <th>LITHOLOGIC LOG</th> </tr> </thead> <tbody> <tr><td>0</td><td>3</td><td>fill</td><td></td><td></td><td></td></tr> <tr><td>3</td><td>8</td><td>clay</td><td></td><td></td><td></td></tr> <tr><td>8</td><td>20</td><td>sand</td><td></td><td></td><td></td></tr> <tr><td>20</td><td>24</td><td>clay</td><td></td><td></td><td></td></tr> <tr><td>24</td><td>35</td><td>sand</td><td></td><td></td><td></td></tr> <tr><td>35</td><td>36</td><td>clay</td><td></td><td></td><td></td></tr> <tr><td>36</td><td>40</td><td>sand</td><td></td><td></td><td></td></tr> <tr><td>40</td><td>42</td><td>clay</td><td></td><td></td><td></td></tr> <tr><td>42</td><td>45</td><td>sand</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 | fill |  |  |  | 3 | 8 | clay |  |  |  | 8 | 20 | sand |  |  |  | 20 | 24 | clay |  |  |  | 24 | 35 | sand |  |  |  | 35 | 36 | clay |  |  |  | 36 | 40 | sand |  |  |  | 40 | 42 | clay |  |  |  | 42 | 45 | sand |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 7 Contractor's or Landowner's Certification: This water well was 1. <b>constructed</b> 2. reconstructed or 3. plugged under my jurisdiction and was completed on (mo/day/year) <b>1/26/2004</b> and this record is true to the best of my knowledge and belief.<br>Kansas Water Well Contractor's License No. <b>236</b> This water well record was completed on (mo/day/year) <b>1/28/2004</b><br>under the business name of <b>Harp Well &amp; Pump Service Inc.</b> by (signature) <i>Jo d d S. Harp</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                             |                                  |                                 |                |    |                |      |    |                |   |   |      |  |  |  |   |   |      |  |  |  |   |    |      |  |  |  |    |    |      |  |  |  |    |    |      |  |  |  |    |    |      |  |  |  |    |    |      |  |  |  |    |    |      |  |  |  |    |    |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |