WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No. Plugging Report

1 LOCATION OF WATER WELL: County: Sedgwick | Fraction: SW ¼ SW ¼ SW ¼ | Section Number: 14 | Township Number: T 27 S | Range Number: R 1 E/W

Distance and direction from nearest town or city street address of well if located within city? 5171 W Elm

2 WATER WELL OWNER: my Erbe

RR#, St. Address, Box #: 5171 W Elm

City, State, ZIP Code: W ichita Ks 67212

Board of Agriculture, Division of Water Resources Application Number: none

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

N / NW / NE / W / E / SW / SE / S — 1 Mile

4 DEPTH OF COMPLETED WELL 18 ft. ELEVATION: 1300

Depth(s) Groundwater Encountered 1 ..... ft. 2. ..... ft. 3. ..... ft.

WELL'S STATIC WATER LEVEL 18 ft. below land surface measured on mo/day/yr 10-13-00

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 Was ..... in. to ..... 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 Domestic (lawn & garden) 10 Monitoring well

Was a chemical/bacteriological sample submitted to Department? Yes ..... No. X ; If yes, mo/day/yrs sample was submitted

Water Well Disinfected? Yes No X

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

CASING JOINTS: Glued ..... Clamped ..... Welded ..... Threaded X

Blank casing diameter 1 1/4 in. to ..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.

Casing height above land surface ..... in., weight ..... lbs./ft. Wall thickness or gauge No. 1 1/4 Pipe

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) 9 ABS 11 Other (specify) Sand Point 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) ..... ft.

SCREEN-PERFORATED INTERVALS: From ..... ft. to ..... ft., From ..... ft. to ..... ft.; From ..... ft. to ..... ft., From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: none From ..... ft. to ..... ft., From ..... ft. to ..... ft.; From ..... ft. to ..... ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL: 1 Neat cement (2) Cement grout 3 Bentonite 4 Other .....

Grout Intervals: From 0 ft. to 18 ft., From ..... ft. to ..... 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 13 Insecticide storage 16 Other (specify below) .....

Direction from well? East How many feet? 6

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
		Pulled + Plugged			
		Sand Point Well			
18	0	Cement grout			

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) 10-13-00 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No. 472 This Water Well Record was completed on (mo/day/yr) 10-13-00 under the business name of Bearden Pump + Well by (signature) David Beb

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 785-296-5524. Send one to WATER WELL OWNER and retain one for your records. Fee of $5.00 for each constructed well.