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

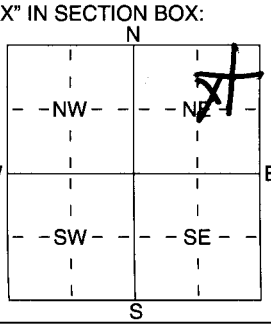
1 LOCATION OF WATER WELL: County: Sedgwick	Fraction: SW ¼ NE ¼ NE ¼	Section Number: 1	Township Number: T 27 S	Range Number: R 1 E/W

Distance and direction from nearest town or city street address of well if located within city? 2726 W. 27th. N.

2 WATER WELL OWNER: Mrs Henderson
RR#, St. Address, Box # : 2726 W 27th n.
City, State, ZIP Code : Wichita Ks 67204

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

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



4 DEPTH OF COMPLETED WELL 40 ft. ELEVATION: 1300

Depth(s) Groundwater Encountered 1 20 ft. 2 ____ ft. 3 ____ ft.
WELL'S STATIC WATER LEVEL 20 ft. below land surface measured on mo/day/yr 2-6-03
Pump test data: Well water was ____ ft. after ____ hours pumping ____ gpm
Est. Yield ____ gpm: Well water was ____ ft. after ____ hours pumping ____ gpm

WELL WATER TO BE USED AS: 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public water supply 6 Oil field water supply (7) Domestic (lawn & garden) 8 Air conditioning 9 Dewatering 10 Monitoring well 11 Injection well 12 Other (Specify below)

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 (2) PVC 3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below)

CASING JOINTS: Glued X Clamped ____ Welded ____ Threaded ____

Blank casing diameter 5 in. to 30 ft., Dia ____ in. to ____ ft., Dia ____ in. to ____ ft.
Casing height above land surface 12 in., weight ____ lbs./ft. Wall thickness or guage No. 160

TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 2 Brass 3 Stainless Steel 4 Galvanized Steel 5 Fiberglass 6 Concrete tile (7) PVC 8 RMP (SR) 9 ABS 10 Asbestos-Cement 11 Other (Specify) ____ 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 2 Louvered shutter (3) Mill slot 4 Key punched 5 Guazed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) ____ 11 None (open hole)

SCREEN-PERFORATED INTERVALS: From 30 ft. to 40 ft., From ____ ft. to ____ ft.
From ____ ft. to ____ ft., From ____ ft. to ____ ft.
GRAVEL PACK INTERVALS: From ____ ft. to ____ ft., From ____ ft. to ____ ft.
From ____ ft. to ____ ft., From ____ ft. to ____ ft.
none

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

Grout Intervals: From 0 ft. to 20 ft., From ____ ft. to ____ ft., From ____ ft. to ____ ft.

What is the nearest source of possible contamination: 1 Septic tank 2 Sewer lines (3) Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) ____

Direction from well? East How many feet? 12

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	9	Top Soil			
9	24	Fine Tan Sand			
24	40	Coarse Tan Sand			

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) 2-6-03 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) 4-25-06 under the business name of Barden Pump & Well by (signature) David Bach

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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of $5.00 for each constructed well.