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

1 LOCATION OF WATER WELL: County: Sedgwick	Fraction: NE ¼ NE ¼ NE ¼	Section Number: 30	Township Number: T 27 S	Range Number: R 1 W

Distance and direction from nearest town or city street address of well if located within city? 10409 West Maple, Wichita, Kansas

2 WATER WELL OWNER: Trust Under Will of Ruth Craig Deceased
RR#, St. Address, Box # : 4 S. Colonial Ct.
City, State, ZIP Code : Eastborough, KS 67207

Board of Agriculture, Division of Water Resources
Application Number:

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

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

4 DEPTH OF COMPLETED WELL 20 ft. ELEVATION: 1323.55

Depth(s) Groundwater Encountered 1.5 >14' ft. 2 ____ ft. 3 ____ Ft.

WELL'S STATIC WATER LEVEL 14.16 ft. below land surface measured on mo/day/yr 03/13/13

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 8.625 In. to 20 ft. and ____ in. to ____ Ft.

WELL WATER TO BE USED AS: 1 Domestic 2 Irrigation 3 Feed lot 4 Industrial 5 Public water supply 6 Oil field water supply 7 Lawn and garden (domestic) 8 Air conditioning 9 Dewatering 10 Monitoring well 11 Injection well 12 Other (Specify below) MW-2

Was a chemical/bacteriological sample submitted to Department? Yes ____ No X If yes, mo/day/yr sample was Submitted

Water Well Disinfected? Yes ____ No X

OFFICE USE ONLY

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 ____ Clamped ____ Welded ____ Threaded X

Blank casing diameter 2 in. to 10 ft., Dia ____ In. to ____ ft., Dia ____ in. to ____ ft.

Casing height above land surface FLUSH In., weight SCH 40 Lbs./ft. Wall thickness or gauge No. ____

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 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) ____ 11 None (open hole)

SCREEN-PERFORATED INTERVALS: From 10 ft. to 20 ft. From ____ ft. to ____ ft.
From ____ ft. to ____ ft. From ____ ft. to ____ Ft.

SAND PACK INTERVALS: From 8 ft. to 20 ft. From ____ ft. to ____ Ft.
From ____ ft. to ____ ft. From ____ ft. to ____ Ft.

T R

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

Grout Intervals From2 0.5 ft. to 6 Ft. From3 6 Ft. to 8 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) Contaminated Site

Direction from well? How many feet?

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	0.5		Concrete (6-8")			
0.5	4		Silty Clay			
4	20		Grades to Sandy Clay			
20	TD		End of Borehole			

SEC

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (x) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and w

Completed on (mo/day/yr) 03/04/13 And this record is true to the best of my knowledge and belief. Kansas

Water Well Contractor's License No. 585 This Water Well Record was completed on (mo/day/yr) 03/22/13

under the business name of Associated Environmental, Inc. By (signature) Bradley J. Johnson

INSTRUCTIONS:. Please fill in blanks and circle the correct answers. Send 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.