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

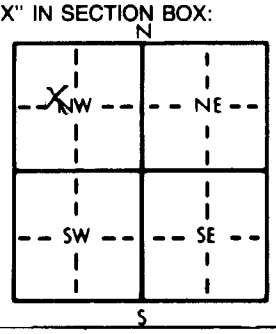
1 LOCATION OF WATER WELL: County: Sedgwick | Fraction: SE ¼ NW ¼ NW ¼ | Section Number: 29 | Township Number: T 27 S | Range Number: R | E/W: W

Distance and direction from nearest town or city street address of well if located within city? 506 Wetmore

2 WATER WELL OWNER: Kathryn Beck
RR#, St. Address, Box # : 506 Wetmore
City, State, ZIP Code : Wichita KS 67209

Board of Agriculture, Division of Water Resources
Application Number:

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




4 DEPTH OF COMPLETED WELL approx. 20 ft. ELEVATION: .....

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

WELL'S STATIC WATER LEVEL approx. 10 ft. below land surface measured on mo/day/yr 5-11-94

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 ..... in. to ..... ft., and ..... in. to ..... ft.

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

Was a chemical/bacteriological sample submitted to Department? Yes ..... No ..... ; If yes, mo/day/yr sample was submitted ..... Water Well Disinfected? Yes No

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 .....

Blank casing diameter 6" in. to ..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.

Casing height ~~above~~ land ~~surface~~ below floor in., weight ..... 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) NA 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) NA 11 None (open hole)

SCREEN-PERFORATED INTERVALS: From NA ft. to NA 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.

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

Grout Intervals: From 20 (3) to 3 ft., From 3 ft. to 0 (2) 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? 5

| FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHOLOGIC LOG |
|---|---|---|---|---|---|
| | | | ~20 | 3 | Bentonite |
| | | | 3 | 0 | Cement |

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) 5-11-94 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ..... This Water Well Record was completed on (mo/day/yr) 5-20-94 under the business name of Creekmore Plumbing by (signature) [signature]

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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY T R E/W SEC. ¼ ¼ ¼