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

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: SEDGWICK	NW ¼ NE ¼ NE ¼	13	T 27S S	R 2W E/W

Distance and direction from nearest town or city street address of well if located within city?
905 FIREFLY/HICKORY; WICHITA, KS

2 WATER WELL OWNER: MR. BEECHER
RR#, St. Address, Box # : 905 FIREFLY
City, State, ZIP Code : WICHITA, KS

Board of Agriculture, Division of Water Resources Application Number:

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

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

4 DEPTH OF COMPLETED WELL 65 ft. ELEVATION: _____

Depth(s) Groundwater Encountered 1 30 ft. 2 _____ ft. 3 _____ ft.

WELL'S STATIC WATER LEVEL 30 ft. below land surface measured on mo/day/yr 5-5-03

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 10 in. to 65 ft. and _____ in. to _____ ft.

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

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

Water Well Disinfected? Yes X No

5 TYPE OF BLANK CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued X Clamped _____
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____
2 PVC 4 ABS 7 Fiberglass _____ Threaded _____

Blank casing diameter 5 in. to 65 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface 16 in., weight 160 lbs./ft. Wall thickness or gauge No. 26

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

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

SCREEN-PERFORATED INTERVALS: From 50 ft. to 65 ft. From _____ ft. to _____ ft.
From _____ ft. to _____ ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 25 ft. to 65 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 3 ft. to 25 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

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

Direction from well? WEST How many feet? 28

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		TOPSOIL			
2	23		CLAY			
23	27		FINE SAND			
27	41		MED SAND			
41	48		CLAY			
48	66		MED 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/yr) 5-5-03 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 611 This Water Well Record was completed on (mo/day/yr) 5-5-03 under the business name of CHASE DRILLING by (signature) RICK CHASE

INSTRUCTIONS:. Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY T R SEC

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