SW SW SW SE

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

1 LOCATION OF WATER WELL: County: SEDGWICK	Fraction: SW ¼ NW ¼ NW ¼	Section Number: 22	Township Number: T 27S S	Range Number: R 1W E/W
Distance and direction from nearest town or city street address of well if located within city? 14307 W. SHERIAC CIR; WICHITA		23		2w

2 WATER WELL OWNER: RAEANN ROSE

RR#, St. Address, Box # : 14307 W. SHERIAC CIR

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 — NW, NE, SW, SE — X — 1 Mile

4 DEPTH OF COMPLETED WELL 110 ft. ELEVATION:

Depth(s) Groundwater Encountered 1 27 ft. 2 ____ ft. 3 ____ ft.

WELL'S STATIC WATER LEVEL 27 ft. below land surface measured on mo/day/yr 7/18/04

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 110 ft. and ____ in. to ____ ft.

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

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: 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 110 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: 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 100 ft. to 110 ft. 1 ____ ft. to ____ ft.

From ____ ft. to ____ ft. From ____ ft. to ____ ft.

GRAVEL PACK INTERVALS: From 22 ft. to 110 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 4 ft. to 24 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? WEST How many feet? 25

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		TOPSOIL			
2	27		CLAY			
27	36		FINE SAND/CLAY			
36	67		MED SAND			
67	110		COARSE SAND			

RECEIVED

AUG 30 2004

BUREAU OF WATER

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) 7/18/04 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) 8/15/04 under the business name of CHASE DRILLING by (signature) R. 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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