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

1 LOCATION OF WATER WELL | Fraction: NE ¼ NE ¼ SE ¼ | Section Number: 2 | Township Number: T 27 S | Range Number: R 2 W E/W

County: SEDGWICK

Distance and direction from nearest town or city?

Street address of well if located within city? 2401 N. 135th W., Wichita, Ks.

2 WATER WELL OWNER: Alan G. Whetzel

RR#, St. Address, Box # : 2401 N. 135th W.

City, State, ZIP Code : Wichita, Ks.

Board of Agriculture, Division of Water Resources Application Number:

3 DEPTH OF COMPLETED WELL 105 ft. Bore Hole Diameter 11 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) .....

Well's static water level 35 ft. below land surface measured on 12 month 6 day 80 year

Pump Test Data: Well water was ..... ft. after ..... hours pumping ..... gpm

Est. Yield gpm: Well water was ..... ft. after ..... hours pumping ..... gpm

4 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 dia 5 in. to 85 ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.

Casing height above land surface 12 in., weight ..... lbs./ft. Wall thickness or gauge No .200

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 .06 9 Drilled holes 10 Other (specify) ..... 11 None (open hole)

Screen-Perforation Dia 5 in. to 105 ft., Dia ..... in. to ..... ft., Dia ..... in to ..... ft.

Screen-Perforated Intervals: From 85 ft. to 105 ft., From ..... ft. to ..... ft.

From ..... ft. to ..... ft., From ..... ft. to ..... ft.

Gravel Pack Intervals: From 14 ft. to 105 ft., From ..... ft. to ..... ft.

From ..... ft. to ..... ft., From ..... ft. to ..... ft.

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

Grouted Intervals: From 40" ft. to 14 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

What is the nearest source of possible contamination: Septic System not Installed at This Time.

1 Septic tank 2 Sewer lines 3 Lateral lines 4 Cess pool 5 Seepage pit 6 Pit privy 7 Sewage lagoon 8 Feed yard 9 Livestock pens 10 Fuel storage 11 Fertilizer storage 12 Insecticide storage 13 Watertight sewer lines 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) NONE APPARENT

Direction from well ..... How many feet ..... ? Water Well Disinfected? Yes X No .....

Was a chemical/bacteriological sample submitted to Department? Yes ..... No X ..... If yes, date sample was submitted ..... month ..... day ..... year: Pump Installed? Yes X No .....

If Yes: Pump Manufacturer's name Fairbanks Morse Model No ..... HP 1 Volts 230

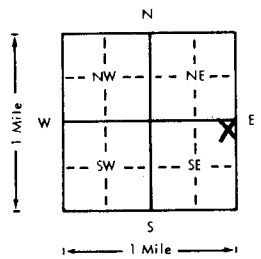
Depth of Pump Intake 50 ft. Pumps Capacity rated at 2.0 gal./min.

Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on 12 month 6 day 80 year, and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 236

This Water Well Record was completed on 1 month 9 day 81 year under the business name of Harp Well & Pump Serv., Inc. by (signature) M. Arnold

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



ELEVATION:

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	3	Topsoil			
3	26	Clay			
26	62	Fine Sand			
62	73	Clay			
73	83	Fine Sand			
83	105	Medium Sand			

Depth(s) Groundwater Encountered 1. 35 ft. 2. ..... ft. 3. ..... ft. 4. ..... ft. (Use a second sheet if needed)

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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY T 27 R 2 (E) (W) SEC. 2 NE ¼ NE ¼ SE ¼