

MW-1

2011070

WATER WELL RECORD

Form WWC-5

KSA 82a-1212

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                                                                                                                                     |                |                              |                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------|--------------------|
| 1 LOCATION OF WATER WELL:                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             | Fraction                                                                                                                            | Section Number | Township Number              | Range Number       |
| County: <u>Sedgwick</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             | <u>SE 1/4 NE 1/4 SW 1/4</u>                                                                                                         | <u>1</u>       | T <u>28</u> S                | R <u>1</u> EW      |
| Distance and direction from nearest town or city street address of well if located within city?<br><u>3010 Au Hallows St.</u>                                                                                                                                                                                                                                                                                                                                                         |             |                                                                                                                                     |                |                              |                    |
| 2 WATER WELL OWNER: <u>Amalgamated Properties</u>                                                                                                                                                                                                                                                                                                                                                                                                                                     |             |                                                                                                                                     |                |                              |                    |
| RR#, St. Address, Box # : <u>Box 1007</u>                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |                                                                                                                                     |                |                              |                    |
| City, State, ZIP Code : <u>Wichita KS 67202</u>                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                                                                                                                                     |                |                              |                    |
| Board of Agriculture, Division of Water Resources<br>Application Number:                                                                                                                                                                                                                                                                                                                                                                                                              |             |                                                                                                                                     |                |                              |                    |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                                                                                                                                                                                  |             | 4 DEPTH OF COMPLETED WELL: <u>18</u> ft. ELEVATION:                                                                                 |                |                              |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             | Depth(s) Groundwater Encountered 1. <u>11.8</u> ft. 2. _____ ft. 3. _____ ft.                                                       |                |                              |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             | WELL'S STATIC WATER LEVEL <u>9.86</u> ft. below land surface measured on mo/day/yr <u>12-27-93</u>                                  |                |                              |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             | 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: <u>8</u> in. to _____ ft., and _____ in. to _____ ft.                                                           |                |                              |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             | WELL WATER TO BE USED AS:                                                                                                           |                |                              |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             | 5 Public water supply 8 Air conditioning 11 Injection well                                                                          |                |                              |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             | 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)                                                 |                |                              |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             | 2 Irrigation 4 Industrial 7 Lawn and garden only <u>10 Monitoring well</u>                                                          |                |                              |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             | Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yr sample was submitted _____ |                |                              |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             | Water Well Disinfected? Yes _____ No <u>X</u>                                                                                       |                |                              |                    |
| 5 TYPE OF BLANK CASING USED:                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |                                                                                                                                     |                |                              |                    |
| 1 Steel                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             | 3 RMP (SR)                                                                                                                          |                | 5 Wrought iron               |                    |
| <u>2 PVC</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             | 4 ABS                                                                                                                               |                | 6 Asbestos-Cement            |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                                                                                                                                     |                | 7 Fiberglass                 |                    |
| Blank casing diameter <u>2</u> in. to _____ ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                             |             | 8 Concrete tile                                                                                                                     |                |                              |                    |
| Casing height above land surface <u>Flush</u> in., weight <u>70.3</u> lbs./ft. Wall thickness or gauge No. <u>154</u>                                                                                                                                                                                                                                                                                                                                                                 |             | 9 Other (specify below) _____                                                                                                       |                |                              |                    |
| TYPE OF SCREEN OR PERFORATION MATERIAL:                                                                                                                                                                                                                                                                                                                                                                                                                                               |             | CASING JOINTS: Glued _____ Clamped _____                                                                                            |                |                              |                    |
| 1 Steel                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             | 3 Stainless steel                                                                                                                   |                | Welded _____                 |                    |
| 2 Brass                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             | 4 Galvanized steel                                                                                                                  |                | <u>Threaded</u> <u>Flush</u> |                    |
| 5 Fiberglass                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             | 6 Concrete tile                                                                                                                     |                | 8 RMP (SR)                   |                    |
| 8 RMP (SR)                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             | 9 ABS                                                                                                                               |                | 10 Asbestos-cement           |                    |
| 11 Other (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             | 12 None used (open hole)                                                                                                            |                | 11 None (open hole)          |                    |
| SCREEN OR PERFORATION OPENINGS ARE:                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             | 5 Gauzed wrapped                                                                                                                    |                |                              |                    |
| 1 Continuous slot                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             | <u>3 Mill slot</u>                                                                                                                  |                | 6 Wire wrapped               |                    |
| 2 Louvered shutter                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             | 4 Key punched                                                                                                                       |                | 7 Torch cut                  |                    |
| 5 Other (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             | 10 Other (specify) _____                                                                                                            |                | 8 Saw cut                    |                    |
| SCREEN-PERFORATED INTERVALS: From <u>8</u> ft. to <u>18</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                             |             | 9 Drilled holes                                                                                                                     |                |                              |                    |
| GRAVEL PACK INTERVALS: From <u>7</u> ft. to <u>18</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                   |             | 10 Other (specify) _____                                                                                                            |                |                              |                    |
| 6 GROUT MATERIAL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             |                                                                                                                                     |                |                              |                    |
| 1 Neat cement                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             | 2 Cement grout                                                                                                                      |                | <u>3 Bentonite</u>           |                    |
| 4 Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             | Grout Intervals: From <u>7</u> ft. to <u>2</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.                        |                | 4 Other _____                |                    |
| What is the nearest source of possible contamination:                                                                                                                                                                                                                                                                                                                                                                                                                                 |             |                                                                                                                                     |                |                              |                    |
| 1 Septic tank                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             | 4 Lateral lines                                                                                                                     |                | 7 Pit privy                  |                    |
| 2 Sewer lines                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             | 5 Cess pool                                                                                                                         |                | 8 Sewage lagoon              |                    |
| 3 Watertight sewer lines                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             | 6 Seepage pit                                                                                                                       |                | 9 Feedyard                   |                    |
| 10 Livestock pens                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             | 14 Abandoned water well                                                                                                             |                | 11 Fuel storage              |                    |
| 15 Oil well/Gas well                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             | 12 Fertilizer storage                                                                                                               |                | 16 Other (specify below)     |                    |
| 13 Insecticide storage                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | How many feet? <u>2</u>                                                                                                             |                |                              |                    |
| Direction from well? <u>S</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             |                                                                                                                                     |                |                              |                    |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | TO          | LITHOLOGIC LOG                                                                                                                      | FROM           | TO                           | PLUGGING INTERVALS |
| <u>0.0</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u>0.5</u>  | <u>gravel</u>                                                                                                                       |                |                              |                    |
| <u>0.5</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u>5.0</u>  | <u>clay, silty</u>                                                                                                                  |                |                              |                    |
| <u>5.0</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u>7.0</u>  | <u>silt, very clayey, sandy</u>                                                                                                     |                |                              |                    |
| <u>7.0</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u>12.0</u> | <u>clay, silty</u>                                                                                                                  |                |                              |                    |
| <u>12.0</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u>18.0</u> | <u>sand</u>                                                                                                                         |                |                              |                    |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1) constructed</u> , <u>(2) reconstructed</u> , or <u>(3) plugged</u> under my jurisdiction and was completed on (mo/day/year) <u>12-27-93</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>531</u> This Water Well Record was completed on (mo/day/yr) <u>1-6-94</u> under the business name of <u>GSI</u> by (signature) <u>Allison Iruin</u> |             |                                                                                                                                     |                |                              |                    |
| 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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.                                                                                                                       |             |                                                                                                                                     |                |                              |                    |