North Industrial Corridor (NIC) Site
Final Draft Remedial Investigation Addendum
Volume II - Appendices

City of Wichita
November 2005
Appendix A

WWC5 Water Well Record Forms for New Water Level Wells
August 17, 2004

Erin Blume
Camp Dresser & McKee, Inc.
9330 E. Central, Suite 400
Wichita, Ks. 67206

RE: Copies of WWC-5 forms for NIC & Brooks Landfill

Erin,

Enclosed are copies of the WWC-5 forms for the sites in Wichita. I’ve also sent copies to the State for their files. If you should have any questions concerning these forms, please feel free to call me at your earliest convenience. Thank you.

Respectfully Submitted,
Environmental Priority Service, Inc.

Patrick G. Martin
President, C.P.G.
WATER WELL RECORD  Form WWC-5  KSA 82a-1212

LOCATION OF WATER WELL: S. E. 1/4 S. E. 1/4 SW.1/4 NW.1/4

WATER WELL OWNER: Board of Agriculture, Division of Water Resources

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

<table>
<thead>
<tr>
<th>Depth of Completed Well (ft.)</th>
<th>Elevations (ft.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depth(s) Groundwater Encountered:</td>
<td>1. ft. 2. ft. 3. ft.</td>
</tr>
<tr>
<td>Well's Static Water Level:</td>
<td>12. 30. ft. below land surface measured on month/day/year</td>
</tr>
</tbody>
</table>

Pump Test Data: 
- Well water was ft. after hours pumping
- Est. Yield: gpm; Well water was ft. after hours pumping
- Bore Hole Diameter: in. to in. to in.

WELL WATER TO BE USED AS: 
- 5 Public water supply
- 8 Air conditioning
- 11 Injection well

Was a chemical/bacteriological sample submitted to Department? Yes No

Water Well Disinfected? Yes No

INSTRUCTIONS: Use typewriter or ball pen. Please print clearly. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-9001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

INSTRUCTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (month/day/year). This water well record was completed on (month/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 6000. Date of application for water well permit was (month/day/year).
WATER WELL RECORD Form WWC-5 KSA 82-1212

[Form fields filled out with information]

LOCATION OF WATER WELL:

County: Sedgwick

Fraction: NE 16 NW 16 SW 16

Section Number: T 21 S

Township Number: R 1 GM

Range Number: C

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

WATER WELL OWNER:

City of Wichita

Board of Agriculture, Division of Water Resources

Application Number:

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

[Diagram of location with X marked]

DEPTH OF COMPLETED WELL: 20.2 ft.

ELEVATION:

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

WELL'S STATIC WATER LEVEL: 13.2 ft. below land surface measured on molday/yr

Pump test data: Well water was pumped for hours pumping...

Est. Yield: gal/yr. Well water was...

Bore Hole Diameter:...

WELL WATER TO BE USED AS:

1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering

2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well

Was a chemical/bacteriological sample submitted to Department? Yes No.

If yes, molday/yr sample was submitted.

TRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (molday/year) 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 (molday/year) under the business name of Environment Priority Sol Inc. (signature) Kim

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS HARD 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 913-296-3945. Send one to WATER WELL OWNER and retain one for your records.
## WATER WELL RECORD

**Form WWC-5  KSA 82a-1212**

**LOCATION OF WATER WELL:**

- **County:** Sedgwick
- **Section Number:** NW 1/4 SW 1/4 NE 1/4
- **Township Number:** T 31 S
- **Range Number:** R 41 W
- **Distance and direction from nearest town or city street address of well if located within city:**
  1300 S of 29th St 5/8 W of W edge of Wch

**WATER WELL OWNER:**

- **City of Wichita**
- **Board of Agriculture, Division of Water Resources:**
  Application Number:

**LOCATION OF WELL WITH AN "X" IN SECTION BOX:**

- **Depth(s) Groundwater Encountered:**
  1 ft. 3
- **Distance and direction from nearest town or city street address of well if located within city:**
  S of 29L - 1/4 S 5/8 W q-P 10 ft. of 011.

**WELL WATER TO BE USED AS:**

- **Public water supply**
- **Air conditioning**
- **Injection well**
- **Domestic**
- **Irrigation**
- **Swine confinement**
- **Feedlot**
- **Oil field water supply**
- **Dewatering**
- **Other (Specify below)**

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

1. **Blank casing diameter:**
   - 10 ft.
2. **Casing height above land surface:**
   - In.
3. **Casing joints:**
   - Glued
4. **Depth of completed well:**
   - 10 ft.
5. **Elevation:**
   - ft.
6. **Type of blank casing used:**
   - 5 Wrought iron
   - 6 Asbestos-Cement
   - 7 Fiberglass
   - 8 RMP (SR)
   - 9 Other (specify below)
7. **Casing material:**
   - 6 Asbestos-Cement
   - 7 Fiberglass
   - 8 RMP (SR)
   - 9 Other (specify below)
8. **Flush:**
   - ft.
9. **Screen or perforation material:**
   - 5 Gauzed wrapped
   - 6 Wire wrapped
   - 7 Torch cut
10. **Grout material:**
    - 3 Neat cement
    - 2 Cement grout
    - 4 Bentonite
    - 5 Other (specify below)
11. **Well water disinfect:**
    - Yes
12. **Chemical/bacteriological sample submitted to Department:**
    - No
13. **Pump test data:**
    - Well water at ft. after hours pumping
    - ft. after hours pumping
14. **Screen-perforated interval:**
    - From ft. to ft.
15. **Grout intervals:**
    - From ft. to ft.
16. **Well water to be used as:**
    - 5 Public water supply
    - 8 Air conditioning
    - 2 Irrigation
    - 3 Septic tank
    - 4 Sewer lines
    - 5 Fuel storage
17. **Irrigation system:**
    - 6 Concrete tile
    - 7 PVC
    - 8 RMP (SR)
    - 9 Other (specify below)
18. **Banking of water well:**
    - 3 Septic tank
    - 4 Sewer lines
    - 5 Fuel storage
    - 6 Concrete tile
    - 7 PVC
    - 8 RMP (SR)
    - 9 Other (specify below)
19. **Lithologic log:**
    - 10 Livestock pens
    - 11 Fuel storage
    - 12 Fertilizer storage
20. **Plugging intervals:**
    - From ft. to ft.

**INSTRUCTIONS:**

- Use typewriter or ball point pen.
- **PLEASE PRESS FIRMLY**
- **PLEASE PRESS CLEARLY**
- 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.

**TRACTOR’S OR LANDOWNER’S CERTIFICATION:**

This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (m/d/y) 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 (m/d/y).

Under the business name of ____________ by (signature) ____________

**Board of Agriculture, Division of Water Resources**
**WATER WELL RECORD**

**LOCATION OF WATER WELL:**
- County: Sedgwick
- Section Number: 7
- Township Number: 1
- Range Number: W

**Distance and direction from nearest town or city street address of well if located within city:**
- 380 W of Edge of 26th St, 2 W of W edge of Meade

**WATER WELL OWNER:**
- City of Wichita
- Water Well Owner:

**TYPE OF BLANK CASING USED:**
- Wrought Iron
- Concrete

**Casing height above land surface:**

**WELL'S STATIC WATER LEVEL:**
- ft. below land surface measured on mood/day/yr

**WELL WATER TO BE USED AS:**
- Public water supply
- Air conditioning
- Injection well

**Was a chemical/bacteriological sample submitted to Department?**
- Yes
- No

**GROUT MATERIAL:**
- Neat cement
- Cement grout
- Bentonite

**LOCATION OF WATER WELL WITH AN "X" IN SECTION BOX:**

**DEPTH OF COMPLETED WELL:**
- ft.

**WELL'S LOCATION WITH 41 DEPTH OF COMPLETED WELL:**
- X

**WELL'S STATIC WATER LEVEL:**
- ft.

**Pump test data:**
- Well water was 
- hours pumping
- gpm

**Est. Yield:**
- gpm

**Screen or perforation material:**
- Blank

**Screen or perforation open holes:**
- Gauzed wrapped

**Screen-perforated intervals:**
- From ft. to ft.
- From ft. to ft.
- From ft. to ft.

**Gravel pack intervals:**
- From ft. to ft.
- From ft. to ft.

**GROUT INTERVALS:**
- Neat cement
- Cement grout
- Bentonite

**How many feet?**

**TRACTOR'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) 6/1/2001 and this record is true to the best of my knowledge and belief.

**WATER WELL CONTRACTOR'S LICENSE NO.**
- 66409

**INSTRUCTIONS:**
- Use typewriter or ball point pen. PLEASE PRESS 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.
WATER WELL RECORD Form WWC-5 KSA 82a-1212

LOCATION OF WATER WELL:

County: Sedgwick

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

City of Wichita, Kansas 67206

WATER WELL OWNER:

St. Address, Box No.:

Application Number:

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

DEPTH OF COMPLETED WELL:

Depth(s) Groundwater Encountered: ft.

WELL'S STATIC WATER LEVEL: ft. below land surface measured on mo/day/yr

Pump test data: Well water was ft. after gpm

Est. Yield: gpm

Bore Hole Diameter: in. to in. to in.

WELL WATER TO BE USED AS:

Water Well Disinfected? Yes

Nearest source of possible contamination:

Distance from well: ft.

Water Well Contractor's license No.

GROUT MATERIAL:

1 Neat cement

2 Brass

3 Stainless steel

4 Galvanized steel

6 Concrete tile

9 Other (specify)

10 Asbestos-cement

12 None used (open hole)

SCREEN OR PERFORATION MATERIAL:

1 Steel

2 Brass

3 RMP (SR)

4 Galvanized steel

5 Fiber glass

6 Concrete tile

11 Other (specify)

12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot

2 Louvered shutter

3 Key punched

4 Mill slot

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 ft. to ft.

From ft. to ft.

From ft. to ft.

From ft. to ft.

From ft. to ft.

From ft. to 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.

From ft. to ft.

From ft. to ft.

From ft. to ft.

From ft. to ft.

From ft. to ft.

GROUT MATERIAL:

1 Neat cement

2 Cement grout

3 Bentonite

4 Other

Grout Intervals: From ft. to ft.

From ft. to 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 Septage 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?

FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS

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: 913-295-5545. Send one to WATER WELL OWNER and retain one for your records.
LOCATION OF WATER WELL:  Fraction
County: Sedgwick
Section Number
Township Number
Range Number

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

WATER WELL OWNER: City of Wichita
Address, Box # : Wichita, KS 67206

LOCATION OF WATER WELL:

DEPTH OF COMPLETED WELL:

WELL'S STATIC WATER LEVEL:

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

WELL WATER TO BE USED AS:

STATION 1:

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

LOCATE WELL'S LOCATION WITH 4

LOCATION OR WATER WELL:

WATER WELL CONTRACTOR'S LICENSE No. .. C

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS CAREFULLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send two copies to Kansas Department of Agriculture, Division of Water Resources, Board of Agriculture, Division of Water Resources. Application Number:

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

WELL WATER TO BE USED AS:

LOCATION OR WATER WELL:

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS CAREFULLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send two copies to Kansas Department of Agriculture, Division of Water Resources, Board of Agriculture, Division of Water Resources. Application Number:
WATER WELL RECORD Form WWC-5 KSA 82a-1212

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

Locate well's location with an "X" in section box:

- NW
- NE
- SW
- SE

Distance and direction from nearest town or city street address of well if located within city:

12th W. of Broadway 12 1/2 S of 23rd

WATER WELL OWNER:

City: Wichita

St. Address, Box 

67206

Kansas Water Well Contractor's License No. 

This Water Well Record was completed on (mo/day/year) . 

TRACTOR'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) . 

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 66624-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.
### WATER WELL RECORD

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LOCATION OF WATER WELL</strong></td>
<td>County: Sedgwick, Township: 27, Section: 4, Range: 1, W.</td>
</tr>
<tr>
<td><strong>WATER WELL OWNER</strong></td>
<td>City of Wichita, Box 6720L, Address, Box 6720L</td>
</tr>
<tr>
<td><strong>DEPT OF COMPLETED WELL</strong></td>
<td>Depth(s) Groundwater Encountered: 1 ft.</td>
</tr>
<tr>
<td><strong>WELL’S STATIC WATER LEVEL</strong></td>
<td>Pump test data: Well water was 1 ft. below land surface measured on</td>
</tr>
<tr>
<td><strong>WELL WATER TO BE USED AS</strong></td>
<td>1 Public water supply, 2 Air conditioning, 3 Injection well, 4 Monitoring well</td>
</tr>
<tr>
<td><strong>GROUT MATERIAL</strong></td>
<td>1 Neat cement, 2 Cement grout, 3 Bentonite, 4 Other</td>
</tr>
<tr>
<td><strong>GRATING OR LANDOWNER’S CERTIFICATION</strong></td>
<td>This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) June 13, 2001 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor’s License No. 123456. This Water Well Record was completed on (mo/day/year) Aug. 13, 2001.</td>
</tr>
</tbody>
</table>

**INTRODUCTORY INSTRUCTIONS:** Use typewriter or ball pen. PLEASE PRESS MANUALLY AND PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66602-0001. Telephone: 913-266-5545. Send one to WATER WELL OWNER and retain one for your records.

**INSTRUCTIONS:** Use typewriter or ball pen. PLEASE PRESS MANUALLY AND PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66602-0001. Telephone: 913-266-5545. Send one to WATER WELL OWNER and retain one for your records.

**LOCATION OF WATER WELL:**
- **County:** Sedgwick
- **Township:** 27
- **Range:** 1
- **Section:** 4
- **Location:** 700 N 21st St. 330 w of Mosley St.

**WATER WELL OWNER:**
- **City:** Wichita
- **Address:** Box 6720L

**DEPTH OF COMPLETED WELL:**
- **Depth(s) Groundwater Encountered:** 1 ft.

**WELL’S STATIC WATER LEVEL:**
- **Pump test data:** Well water was 1 ft. below land surface measured on mo/day/yr.
- **Est. Yield:** 1 gpm
- **Bore Hole Diameter:** 1 ft.

**WELL WATER TO BE USED AS:**
- 1 Public water supply
- 2 Air conditioning
- 3 Injection well

**GROUT MATERIAL:**
- 1 Neat cement
- 2 Cement grout
- 3 Bentonite
- 4 Other

**GROUT MATERIAL INTERVALS:**
- From 1 ft. to 3 ft.

**LOCATION:**
- **City:** Wichita
- **ZIP Code:** 67201

**WATER WELL CONTRACTOR’S USE:**
- **Water Well Contractor’s License No.:** 123456
- **Date:** June 13, 2001

**INSTRUCTIONS:** Use typewriter or ball pen. PLEASE PRESS MANUALLY AND PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66602-0001. Telephone: 913-266-5545. Send one to WATER WELL OWNER and retain one for your records.

**INSTRUCTIONS:** Use typewriter or ball pen. PLEASE PRESS MANUALLY AND PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66602-0001. Telephone: 913-266-5545. Send one to WATER WELL OWNER and retain one for your records.
WATER WELL RECORD Form WWC-5 KSA 82a-1212

[Image 0x0 to 618x850]

LOCATE WATER WELL:
Fraction

<table>
<thead>
<tr>
<th>Section Number</th>
<th>Township Number</th>
<th>Range Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>NW 1/4 SW 1/4</td>
<td>T 14 S</td>
<td>R 16 E</td>
</tr>
</tbody>
</table>

Distance and direction from nearest town or city street address of well if located within city?
SANTA FE between 14th & 15th St 250' S of 15th St in Santa Fe

WATER WELL OWNER:
City of Wichita

St. Address, Box #:
Wichita, KS 67206

Board of Agriculture, Division of Water Resource:
Application Number:

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

<table>
<thead>
<tr>
<th>Depth(s) Groundwater Encountered</th>
<th>ft. 1</th>
<th>ft. 2</th>
<th>ft. 3</th>
</tr>
</thead>
</table>

WELL'S STATIC WATER LEVEL: 13.5 ft. below land surface measured on mo/day/yr

Pump test data: Well water was...

Est. Yield:...
gpm

Bore Hole Diameter...

WELL WATER TO BE USED AS:
1 Domestic
3 Feedlot
6 Oil field water supply
9 Dewatering
12 Other (Specify below)

Screen-Perforated Intervals: From...

Grout Intervals: From...

Water Well Contractor's License No. • • • •

If located within city?
City, State, ZIP Code: Wichita, KS 67206

County:

WATER WELL Record was completed on (mo/day/yr)...

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRINT NEATLY and PRINT legibly. 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: 913-296-5645. Send one to WATER WELL OWNER and retain one for your records.

INSTRUCTOR'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)...

This Water Well Record was completed on (mo/day/yr)...

Under the business name of...

by (signature)
**WATER WELL RECORD**

1. **LOCATION OF WATER WELL:**
   - County: SEDGWICK
   - Section Number: NW 1 SW 1 SW 1
   - Township Number: T 27 S
   - Range Number: R 14 W
   - Distance and direction from nearest town or city street address of well if located within city:
     - E side of Mission St between 14th and 15th St, 250' S of 15th

2. **WATER WELL OWNER:**
   - City of Wichita
   - St. Address, Box 
   - City, State, Zip Code

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

<table>
<thead>
<tr>
<th>Mile</th>
<th>W</th>
<th>SW</th>
<th>SE</th>
<th>E</th>
<th>N</th>
<th>NE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. **DEPTH OF COMPLETED WELL:**
   - Ft. ELEVATION:
     - 1: Depth(s) Groundwater Encountered: 1 ft. 2 ft. 3 ft.
     - WELL'S STATIC WATER LEVEL: 13.86 ft. below land surface measured on mo/day/yr
     - Est. Yield: 4.13 gph
     - Bore Hole Diameter: 6.75 in. to 7.75 in.
     - WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
     - 1 Domestic 3 Feedlot 6 Oil field supply 9 Dewatering 12 Other (Specify below)
     - 2 Irrigation 4 Industrial 7 Lawn and garden only (10) Monitoring well
     - 2 Injection well
     - Pump test data: Well water was 4.14 ft. after 74 hours pumping
     - 207
     - 214
     - 207
     - 214

5. **TYPE OF BLANK CASING USED:**
   - 1 Steel
   - 3 RMP (SR)
   - 6 Asbestos-Cement
   - 9 Other (specify below)
   - Blank casing diameter:
     - In. Dia: 6.75 in. to 7.75 in.
   - Casing height above land surface:
     - Flush in. weight

6. **TYPE OF SCREEN OR PERFORATION MATERIAL:**
   - 1 Steel
   - 3 Stainless steel
   - 5 Fiber glass
   - 7 Furled
   - 9 Other (specify)
   - 11 Other (specify below)

7. **SCREEN OR PERFORATION OPENINGS ARE:**
   - 1 Continuous slot
   - 3 All slot
   - 5 Drilled holes
   - 7 Torch cut
   - 11 Other (specify)

8. **SCREEN-PERFORATED INTERVALS:**
   - From: 11 ft. to 16 ft.

9. **GRAVEL PACK INTERVALS:**
   - From: 11 ft. to 16 ft.

10. **GROUT MATERIAL:**
    - 1 Neat cement
    - 2 Cement grout
    - 5 Bentonite
    - 6 Other (specify)

11. **WATER WELL TO BE USED AS:**
    - 5 Public supply
    - 8 Air conditioning
    - 11 Injection well

12. **WATER WELD DISINFECTED?**
    - Yes
    - No

13. **LOCATION OF WATER WELL:**
    - County: SEDGWICK
    - Section Number: NW 1 SW 1 SW 1
    - Township Number: T 27 S
    - Range Number: R 14 W
    - Distance and direction from nearest town or city street address of well if located within city:
      - E side of Mission St between 14th and 15th St, 250' S of 15th

14. **WATER WELL OWNER:**
    - City of Wichita
    - St. Address, Box 
    - City, State, Zip Code

15. **BOARD OF AGRICULTURE, DIVISION OF WATER RESOURCES**
    - Application Number:
    - County: SEDGWICK
    - Section Number: NW 1 SW 1 SW 1
    - Township Number: T 27 S
    - Range Number: R 14 W
    - Distance and direction from nearest town or city street address of well if located within city:
      - E side of Mission St between 14th and 15th St, 250' S of 15th

16. **INSTRUCTIONS:**
    - Use typewriter or ballpoint 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.
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<th>Section Number</th>
<th>Township Number</th>
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<tbody>
<tr>
<td>Sedgwick</td>
<td>15 T</td>
<td>30 S</td>
<td>NW W</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Location with an &quot;X&quot; in section box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wichita, KS 67206</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Depth(s) Groundwater Encountered</th>
<th>ft.</th>
<th>ft.</th>
<th>ft.</th>
<th>ft.</th>
</tr>
</thead>
<tbody>
<tr>
<td>WELL'S STATIC WATER LEVEL 1.3</td>
<td>ft.</td>
<td>ft.</td>
<td>ft.</td>
<td>ft.</td>
</tr>
</tbody>
</table>

| Pump test data: | | | | |
| Well water was | ft. | hours pumping | gpm |
| Est. Yield     | gpm | ft. | hours pumping | gpm |

<table>
<thead>
<tr>
<th>Bore Hole Diameter</th>
<th>in. to</th>
<th>ft.</th>
<th>in. to</th>
<th>ft.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>WELL WATER TO BE USED AS:</th>
<th>5 Public water supply</th>
<th>8 Air conditioning</th>
<th>11 Injection well</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feedlot</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oil field water supply</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dewatering</td>
<td>12</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Was a chemical/bacteriological sample submitted to Department? Yes | No | If yes, submit sample to Department |

<table>
<thead>
<tr>
<th>What is the nearest source of possible contamination:</th>
<th>10 Livestock pens</th>
<th>14 Abandoned water well</th>
</tr>
</thead>
<tbody>
<tr>
<td>Septic tank</td>
<td></td>
<td>11 Fuel storage</td>
</tr>
<tr>
<td>Lateral lines</td>
<td></td>
<td>15 Oil well/Gas well</td>
</tr>
<tr>
<td>7 Pit privy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Sewage lagoon</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Fertilizer storage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Insecticide storage</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| What is the nearest source of possible contamination: | |
|------------------------------------------------------| |
| 10 Livestock pens | 14 Abandoned water well |

<table>
<thead>
<tr>
<th>Water well Diameter</th>
<th>ft.</th>
<th>ft.</th>
<th>ft.</th>
</tr>
</thead>
</table>

| Water well Contractor's License No. | |
|-------------------------------------| |
| This Water Well Record was completed on (mo/day/year) | |

| RACCTOR'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) | |

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS PRINT and PRINT clearly. Please fill 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.
1. **LOCATION OF WATER WELL:**
   - County: Sedgwick
   - Township Number: T 27 S
   - Range Number: R 1 W
   - Distance and direction from nearest town or city street address of well if located within city:
     - SW corner of NW and Mosley St

2. **WATER WELL OWNER:**
   - City of Wichita
   - State, ZIP Code: KS 67206

3. **LOCATE WELL'S LOCATION WITH AN 'X' IN SECTION BOX:**
   - Depth of completed well:
     - Depth(s) groundwater encountered:
     - Well yield:
     - Bore hole diameter:

4. **TYPE OF BLANK CASING USED:**
   - Type of blank casing:
     - Casing height above land surface:
     - Blank casing diameter:

5. **SCREEN-PERFORATED INTERVALS:**
   - From...to...

6. **GRAGE PACK INTERVALS:**
   - From...to...

7. **GROUT MATERIAL:**
   - Grout material:

8. **TYPE OF CASING JOINTS:**
   - Casing joints:

9. **INSTRUCTIONS:**
   - Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answer. 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.

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**TRACITOR'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) July 14, 2011, and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 161114 This Water Well Record was completed on (mo/day/year) Aug. 18, 2011.
**WATER WELL RECORD**

**LOCATION OF WATER WELL:**
- County: Sedgwick
- Township: T 27 T
- Range: R 1 E
- Section: 16
- Fraction: NE 4/4
- SW 1/4 SW
- W 1/2
- S 1/2

**Distance and direction from nearest town or city street address of well if located within city:**
- SW Corner of 4th and Wabash St., 12 S of 4th St and 12 W of Wabash

**WATER WELL OWNER:**
- City of Wichita
- Wichita, KS 67206
- Board of Agriculture, Division of Water Resources
- Application Number:

**DEPTH OF COMPLETED WELL:**
- 4.0 ft

**ELEVATION:**
- Depth(s) Groundwater Encountered:
  - 1 ft
  - 2.0 ft

**WELL'S STATIC WATER LEVEL:**
- 9.0 ft below land surface measured on mo/day/yr

**TYPE OF SCREEN OR PERFORATION MATERIAL:**
- 1. Steel
- 2. Brass
- 3. Stainless steel
- 4. Galvanized steel
- 5. Asbestos-Cement
- 6. RMP (SR)
- 7. Fiberglass
- 8. Concrete tile
- 9. ABS
- 10. PVC
- 11. Other (specify)

**SCREEN-OR-PERFORATED INTERVALS:**
- From: ft. to ft.
- From: ft. to ft.
- From: ft. to ft.
- From: ft. to 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.
- From: ft. to ft.
- From: ft. to ft.
- From: ft. to ft.

**SCREEN OR PERFORATION OPENINGS ARE:**
- 1. Continuous slot
- 2. Mill slot
- 3. Louvered shutter
- 4. Key punched

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

**Casing height above land surface:**
- In., weight

**Casing height above land surface:**
- In., weight

**Blank casing diameter:**
- In., ft.

**Dept of water well:**
- 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. Injection well
- 11. Other (Specify below)

**Grout Intervals:**
- From: ft. to ft.
- From: ft. to ft.
- From: ft. to ft.
- From: ft. to ft.

**Type of 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. Injection well
- 11. Other (Specify below)

**Was a chemical/bacteriological sample submitted to Department?**
- Yes
- No

**What is the nearest source of possible contamination?**
- 1. Septic tank
- 2. Sewer lines
- 3. Cess pool
- 4. Lateral lines
- 5. Cess pool
- 6. Sewage lagoon
- 7. Septic tank
- 8. Sewer lines
- 9. Cess pool
- 10. Lateral lines
- 11. Septic tank
- 12. Sewer lines

**LITHOLOGIC LOG:**

**INSTRUCTOR'S OR LANDOWNER'S CERTIFICATION:**
- This water well was [ ] constructed, [ ] reconstructed, or [ ] plugged under my jurisdiction and was completed on [month/year].
- and this record is true to the best of my knowledge and belief.
- Water Well Contractor's License No.

**INSTRUCTIONS:**
- Use typewriter or ball point pen.
- Please press firmly and 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.
### WATER WELL RECORD

**Form WWC-5**  
KSA 82a-1212

#### LOCATION OF WATER WELL:
- **County:** Sedgwick  
- **Fraction:** SE 1/4, SE 1/4, SW 1/4  
- **Section Number:** 16  
- **Township Number:** T27S  
- **Range Number:** R1W

Distance and direction from nearest town or city street address of well if located within city:  
- From 18th St.  
- From Empire St.  
- From 10 S.  
- 1150 ft. Northwest

#### WATER WELL OWNER:
- **City:** Wichita  
- **Address:** Box 67206

Board of Agriculture, Division of Water Resources

**Application Number:**

**WELL STATIC WATER LEVEL:**  
- ft. below land surface measured on mo/day/yr

**Pump test data:**  
- Well water was ft. after hours pumping gpm

**Est. Yield:**  
- ft. after hours pumping gpm

**Bore Hole Diameter:**
- In. to ft.
- In. to ft.

**WELL WATER TO BE USED AS:**  
- Public water supply  
- Air conditioning  
- Injection well  
- Domestic  
- Irrigation  
- Industrial  
- Lawn and garden only  
- Monitoring well  
- Livestock pens  
- Abandoned water well  
- Fuel storage  
- Oil well/Gas well  
- Fertilizer storage  
- Insecticide storage  
- Other (specify below)

Was a chemical/bacteriological sample submitted to Department?  
- Yes  
- No

**TYPE OF BLANK CASING USED:**  
- Wrought iron  
- Concrete tile  
- Asbestos-Cement  
- RMP (SR)  
- Wrought iron  
- Other (specify)

**Casing height above land surface:**
- In., weight

**Casing JOINTS:**
- Glued
- Clamped
- Welded
- Threaded
- Other (specify)

**TYPE OF SCREEN OR PERFORATION MATERIAL:**  
- Steel  
- Stainless steel  
- Brass  
- Galvanized steel  
- Fiber glass  
- Concrete tile  
- RMP (SR)  
- Other (specify)

**SCREEN OR PERFORATION OPENINGS ARE:**
- Continuous slot  
- Key punched  
- Lowered shutter  
- Wire wrapped  
- Torch cut

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

**GROUT MATERIAL:**
- Neat cement  
- Cement grout  
- Bentonite  
- Other (specify)

**Cement Intervals:**
- From ft. to ft.
- From ft. to ft.
- From ft. to ft.
- From ft. to ft.

What is nearest source of possible contamination:
- Septic tank  
- Lateral lines  
- Pit privy  
- Sewer lines  
- Cess pool  
- Sewage lagoon  
- Water right sewer lines  
- Seepage pit  
- Feedyard  
- Grout

Direction from well:

**FROM TO LIHOTLOGIC LOG FROM TO PLUGGING INTERVALS**

#### INSTRUCTIONS:
- Use typewriter or ball point pen.  
- **PLEASE PRINT CLEARLY** 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.

**TRACTOR'S OR LANDOWNER'S CERTIFICATION:**  
This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) ...  
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/year) ...

Under the business name of Environment.

[Signature]

**INFORMATION FOR USE ON WASTE DISPOSAL PERMIT:**
- City of Wichita
- 67206
- Board of Agriculture, Division of Water Resources

**Water Well Disinfected?**
- Yes
- No

**INFORMATION FOR USE ON WASTE DISPOSAL PERMIT:**
- Kansas Water Well Contractor's License No. ...
- This Water Well Record was completed on (mo/day/year) ...
- By (signature)
**WATER WELL RECORD**

**Form WWC-5**  
**KSA 82a-1212**

**1. LOCATION OF WATER WELL:**  
- **County:** Sedgwick  
- **Section Number:** 16  
- **Township Number:** T27S  
- **Range Number:** R1SW

**Distance and direction from nearest town or city street address of well if located within city:**  
E of Mosley St. 10 N of 12th St.

**2. WATER WELL OWNER:**  
- **City:** Wichita  
- **State:** KS  
- **ZIP Code:** 67206

**Board of Agriculture, Division of Water Resources**  
**Application Number:**

**3. LOCATE WELL’S LOCATION WITH AN “X” IN SECTION BOX:**

- **Depth(s) Groundwater Encountered:**  
- **Well’s Static Water Level:**  
- **Pump test data:** Well water was  
- **Depth(s) Groundwater Encountered:**
- **Well water was:**

**4. TYPE OF BLANK CASING USED:**
- **Blank casing diameter:**  
- **Casing height above land surface:**  
- **Type of Screen or Perforation Material:**  
- **Screen or Perforation Openings Are:**  
- **Gravel Pack Intervals:**
- **Grout Material:**  
- **Screen-Perforated Intervals:**
- **Grout Intervals:**

**5. GROUT MATERIAL:**
- **Grout Intervals:**

**6. INSTRUCTIONS:**
- **Directions from well:**
- **Lithologic Log:**
- **How many feet?**

**7. TRACTOR’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):**
- **Water Well Contractor’s License No.:**
- **This Water Well Record was completed on (mo/day/year):**

**NOTICE:** Use typewriter or ball point pen. PLEASE PRESS PRINT KEY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-295-6545. Send one to WATER WELL OWNER and retain one for your records.
LOCATION OF WATER WELL:
County: Sedgwick

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

DEPTH OF COMPLETED WELL:
Depth(s) Groundwater Encountered:

WELL'S STATIC WATER LEVEL:

WELL WATER TO BE USED AS:
1 Domestic
2 Irrigation
3 Feedslot
4 Industrial
5 Public water supply
6 Oil field water supply
7 Lawn and garden only
8 Air conditioning
9 Feedyard
10 Livestock pens
11 Fertilizer storage
12 Injection well
13 Insecticide storage
14 Abandoned water well

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

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS 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 66620-001. Telephone: 913-296-6545. Send one to WATER WELL OWNER and retain one for your records.