

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources App. No.  

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| <p><b>1 LOCATION OF WATER WELL:</b><br/>                 County: <u>Harvey</u><br/>                 Street/Rural Address of Well Location; if unknown, distance &amp; direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/>.<br/> <u>E. Broadway Newton</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <p>Fraction <u>Sw 1/4 Se 1/4 Se 1/4</u> 1/4<br/>                 Section Number <u>16</u><br/>                 Township No. <u>T 23 S</u><br/>                 Range Number <u>R 1</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W</p>                                                                                                                                                                                                                                          | <p><b>Global Positioning System (GPS) information:</b><br/>                 Latitude: ..... (in decimal degrees)<br/>                 Longitude: ..... (in decimal degrees)<br/>                 Elevation: .....<br/>                 Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27<br/>                 Collection Method:<br/> <input type="checkbox"/> GPS unit (Make/Model: .....)<br/> <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey<br/>                 Est. Accuracy: <input type="checkbox"/> &lt;3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> &gt;15 m</p> |      |    |                                          |    |
| <p><b>2 WATER WELL OWNER:</b><br/>                 RR#, Street Address, Box #: <u>Carried con. CD</u><br/> <u>4015 May Ave</u><br/>                 City, State, ZIP Code: <u>Wichita, KS 67209</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p><b>3 LOCATE WELL WITH AN "X" IN SECTION BOX:</b><br/>                 N<br/> <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 5px;">NW</td> <td style="border: 1px solid black; padding: 5px;">NE</td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;">SW</td> <td style="border: 1px solid black; padding: 5px;">SE</td> </tr> </table>                 S<br/>                  -----1 mile----- </p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | NW   | NE | SW                                       | SE |
| NW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |    |                                          |    |
| SW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |    |                                          |    |
| <p><b>4 DEPTH OF COMPLETED WELL</b> ..... <u>92</u> ft.<br/>                 Depth(s) Groundwater Encountered (1).....<u>72</u> ft. (2)..... ft. (3)..... ft.<br/>                 WELL'S STATIC WATER LEVEL.....<u>28</u> ft. below land surface measured on mo/day/yr <u>6-20-11</u><br/>                 Pump test data: Well water was..... ft. after..... hours pumping..... gpm<br/>                 EST. YIELD.....<u>5-10</u> gpm Well water was..... ft. after..... hours pumping..... gpm<br/>                 Bore Hole Diameter .....<u>9</u> in. to .....<u>2.0</u> ft., and .....<u>7</u> in. to .....<u>92</u> ft.<br/>                 WELL WATER TO BE USED AS: <input type="checkbox"/> Public water supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Injection well<br/> <input type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below)<br/> <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Domestic-lawn &amp; garden <input type="checkbox"/> Monitoring well<br/>                 Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br/>                 If yes, mo/day/yr sample was submitted.....<br/>                 Water well disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |    |                                          |    |
| <p><b>5 TYPE OF CASING USED:</b> <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other .....<br/>                 CASING JOINTS: <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded<br/>                 Casing diameter .....<u>3</u> in. to .....<u>92</u> ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.<br/>                 Casing height above land surface.....<u>12</u> in., Weight <u>SDR 26</u> lbs./ft., Wall thickness or gauge No. <u>2.14</u><br/>                 TYPE OF SCREEN OR PERFORATION MATERIAL:<br/> <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) .....<br/> <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> None used (open hole)<br/>                 SCREEN OR PERFORATION OPENINGS ARE:<br/> <input type="checkbox"/> Continuous slot <input type="checkbox"/> Mill slot <input type="checkbox"/> Gauze wrapped <input type="checkbox"/> Torch cut <input type="checkbox"/> Drilled holes <input type="checkbox"/> None (open hole)<br/> <input type="checkbox"/> Louvered shutter <input type="checkbox"/> Key punched <input type="checkbox"/> Wire wrapped <input checked="" type="checkbox"/> Saw cut <input type="checkbox"/> Other (specify) .....<br/>                 SCREEN-PERFORATED INTERVALS: From .....<u>30</u> ft. to .....<u>92</u> ft., From ..... ft. to ..... ft.<br/>                 GRAVEL PACK INTERVALS: From ..... ft. to ..... ft., From ..... ft. to ..... ft.<br/>                 From ..... ft. to ..... ft., From ..... ft. to ..... ft.</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |    |                                          |    |
| <p><b>6 GROUT MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other .....<br/>                 Grout Intervals: From .....<u>0</u> ft. to .....<u>20</u> ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.<br/>                 What is the nearest source of possible contamination:<br/> <input type="checkbox"/> Septic tank <input type="checkbox"/> Lateral lines <input type="checkbox"/> Pit privy <input type="checkbox"/> Livestock pens <input type="checkbox"/> Insecticide storage <input type="checkbox"/> Other (specify below)<br/> <input type="checkbox"/> Sewer lines <input type="checkbox"/> Cesspool <input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Fuel storage <input type="checkbox"/> Abandoned water well<br/> <input checked="" type="checkbox"/> Watertight sewer lines <input type="checkbox"/> Seepage pit <input type="checkbox"/> Feedyard <input type="checkbox"/> Fertilizer storage <input type="checkbox"/> Oil well/gas well<br/>                 Direction from well .....<u>E</u> Distance from well .....<u>40</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |    |                                          |    |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | LITHOLOGIC LOG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | FROM | TO | LITHO. LOG (cont.) or PLUGGING INTERVALS |    |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | yellow Clay + Shale                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |    |                                          |    |
| 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 70                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Blue Shale                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |    |                                          |    |
| 70                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 71                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Crumbled Shale + Water                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      |    |                                          |    |
| 71                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 92                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Gray Shale                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |    |                                          |    |
| <p><b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/year) <u>6-20-11</u> and this record is true to the best of my knowledge and belief.<br/>                 Kansas Water Well Contractor's License No. <u>180</u> This Water Well Record was completed on (mo/day/year) <u>7-3-11</u><br/>                 under the business name of <u>Backhaus Drilling</u> by (signature) <u>Paul H. Backhaus</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |    |                                          |    |
| <p><b>INSTRUCTIONS:</b> Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a>.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |    |                                          |    |