

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: Sedgwick Fraction: SE 1/4 SE 1/4 SE 1/4 Section Number: 30 Township Number: T 25 S Range Number: R 10 E/W

Distance and direction from nearest town or city street address of well if located within city? Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: Longitude: Elevation: Datum: Data Collection Method:

2 WATER WELL OWNER: Affordable Const, RR#, St. Address, Box #: 641 N. Seneca St, City, State, ZIP Code: Valley Center Ks.

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 4 DEPTH OF COMPLETED WELL: 80 ft.

Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL..... 17 ft. below land surface measured on mo/day/yr..... Pump test data: Well water was..... ft. after..... hours pumping..... gpm Est. Yield..... gpm: Well water was..... ft. after..... hours pumping..... gpm

5 TYPE OF CASING USED: 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) CASING JOINTS: Glued. X Clamped..... 2 PVC 4 ABS 7 Fiberglass..... Threaded.....

Blank casing diameter ..... 5 in. to ..... 80 ft., Diameter..... in. to ..... ft., Diameter..... in. to ..... ft. Casing height above land surface..... 16 in., Weight ..... 160 lbs./ft. Wall thickness or gauge No. .... 24

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other..... Grout Intervals: From ..... 4 ft. to ..... 24 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

Table with columns: FROM, TO, LITHOLOGIC LOG, FROM, TO, PLUGGING INTERVALS. Rows include: 0-2 Top Soil, 2-17 Clay, 17-21 Med Sand, 21-29 Green Shale, 29-80 Blue Shale.

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 9/13/09... and this record is true to the best of my knowledge and belief.

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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367.