

997119

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

① DDC / ② DDC / ③ DDC

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Sedgwick</u>		<u>NE 1/4 NE 1/4 SW 1/4</u>	<u>20</u>	T <u>26</u> S	R <u>1</u> <u>E/W</u>
Distance and direction from nearest town or city street address of well if located within city? <u>4920 N. Kimberly Ln</u>					
2 WATER WELL OWNER:		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box # :		Application Number:			
City, State, ZIP Code		<u>Kansas City, KS 66101</u>			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>45</u> ft. ELEVATION: _____ ft.			
		Depth(s) Groundwater Encountered 1. <u>10</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>17.46</u> ft. below land surface measured on mo/day/yr <u>6/24/99</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>12</u> in. to <u>49</u> 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 <u>12 Other (Specify below)</u> 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well			
		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 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____ <u>2 PVC</u> <u>4 ABS</u> 6 Asbestos-Cement 9 Other (specify below) Welded _____ 7 Fiberglass <u>4</u> <u>7</u> <u>Threaded</u> <u>Flush</u>					
Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. <u>Sch 40</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____ 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole) 2 Louvered shutter 4 Key punched <u>6 Wire wrapped</u> 9 Drilled holes					
SCREEN-PERFORATED INTERVALS: From <u>10</u> ft. to <u>20</u> ft., From <u>43</u> ft. to <u>45</u> ft.					
From <u>35</u> ft. to <u>45</u> ft., From <u>18</u> ft. to <u>20</u> ft.					
GRAVEL PACK INTERVALS: From <u>8</u> ft. to <u>23</u> ft., From _____ ft. to _____ ft.					
From <u>33</u> ft. to <u>49</u> ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other _____					
Grout Intervals: From <u>2</u> ft. to <u>8</u> ft., From <u>23</u> ft. to <u>33</u> ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) _____ 13 Insecticide storage					
Direction from well? _____ How many feet? _____					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	7	Silty Clay			
7	13	Sand			
13	17.5	Silty Clay, trace sand			
17.5	46.5	Sand			
46.5	49	Weathered Shale			
Allison Irwin Contacted Don Taylor on 7/15/99 for an extension in filing this form					
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>6/16/99</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>9/28/99</u> under the business name of <u>Geotechnical Services, Inc.</u> by (signature) <u>Allison M. Irwin</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.

OFFICE USE ONLY

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