

WATER WELL RECORD SW NW SW SE Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>Redwood</u>	<u>SW 1/4 SW 1/4 NE 1/4</u>	<u>19</u>	<u>T 26 S</u>	<u>R 10 E/W</u>

Distance and direction from nearest town or city street address of well if located within city? 1722 Driftwood

Global Positioning Systems (decimal degrees, min. of 4 digits)

Latitude:

Longitude:

Elevation:

Datum:

Data Collection Method:

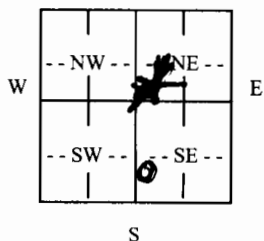
2 WATER WELL OWNER:

RR#, St. Address, Box #

City, State, ZIP Code

Mr. Harvey1722 DriftwoodWichita, KS 67204

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



4 DEPTH OF COMPLETED WELL

Depth(s) Groundwater Encountered (1) 16 ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL 16 ft. below land surface measured on mo/day/yr. 4-22-09

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: 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 Domestic (lawn & garden) 10 Monitoring wellWas a chemical/bacteriological sample submitted to Department? Yes..... No X If yes, mo/day/yrSample was submitted..... Water well disinfected? Yes..... No X

5 TYPE OF CASING USED:

1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	CASING JOINTS: Glued <u>X</u> Clamped.....
<u>2</u> PVC	4 ABS	7 Fiberglass		Welded.....
				Threaded.....

Blank casing diameter..... in. to..... ft., Diameter..... in. to..... ft., Diameter..... in. to..... ft.

Casing height above land surface..... in., Weight..... lbs./ft. Wall thickness or gauge No. 160

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless Steel	5 Fiberglass	<u>7</u> PVC	9 ABS	11 Other (Specify).....
2 Brass	4 Galvanized Steel	6 Concrete tile	8 RM (SR)	10 Asbestos-Cement	12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot	<u>3</u> Mill slot	5 Gauzed wrapped	7 Torch cut	9 Drilled holes	11 None (open hole)
2 Louvered shutter	4 Key punched	6 Wire wrapped	8 Saw cut	10 Other (specify).....	

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., From..... ft. to..... ft.

From..... ft. to..... ft., From..... ft. to..... ft., From..... ft. to..... ft.

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From..... ft. to..... ft., From..... ft. to..... ft., From..... ft. to..... ft.

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) 4-22-09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 472 This Water Well Record was completed on (mo/day/year) 4-22-09 under the business name of Beards Pump & Well (signature) Dave BeardsINSTRUCTIONS: 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. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>.