1271889

# WATER WELL RECORD Form WWC-5

☑ Original Record ☐ Correction ☐ Change in Well Use

Division of Water Resources App. No. _____ Well ID _____

**1 LOCATION OF WATER WELL:** County: Sedgwick | Fraction: NW¼ SE¼ NE¼ NW¼ | Section Number: 22 | Township Number: T 26 S | Range Number: R 1 ☑ E ☐ W

**2 WELL OWNER:** Last Name: First:
Business: ISHAM BUILDERS
Address: 5250 LAKEWOOD HILLS DR.
Address:
City: PARK CITY State: KANS ZIP: 67219

Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: ☑

**3 LOCATE WELL WITH "X" IN SECTION BOX:**

N
- - NW - - X | - - NE - -
W | E
- - SW - - | - - SE - -
S

|----------1 mile---------|

**4 DEPTH OF COMPLETED WELL:** ….325…. ft.
Depth(s) Groundwater Encountered: 1) …….…..…. ft.
2) …….. ft. 3) …….. ft., or 4) ☑ Dry Well
WELL'S STATIC WATER LEVEL: ……..…… ft.
☐ below land surface, measured on (mo-day-yr)…..…..…..
☐ above land surface, measured on (mo-day-yr)……..
Pump test data: Well water was …....…….. ft.
after……. hours pumping …....…….. gpm
Well water was …....…….. ft.
after……. hours pumping …....…….. gpm
Estimated Yield: ……...gpm
Bore Hole Diameter: …4.25… in. to ..…325…. ft. and
…… in. to ……. ft.

**5 Latitude:** ……37.778997…….(decimal degrees)
**Longitude:** ……97.309703……..…(decimal degrees)
Datum: ☑ WGS 84 ☐ NAD 83 ☐ NAD 27
Source for Latitude/Longitude:
☐ GPS (unit make/model: ……..……...…...)
(WAAS enabled? ☐ Yes ☐ No)
☐ Land Survey ☐ Topographic Map
☐ Online Mapper: ……..……...

**6 Elevation:** ..1366……ft. ☑ Ground Level ☐ TOC
Source: ☐ Land Survey ☐ GPS ☐ Topographic Map
☑ Other KOLAR……..……..

**7 WELL WATER TO BE USED AS:**

1. Domestic:
   ☐ Household
   ☐ Lawn & Garden
   ☐ Livestock
2. ☐ Irrigation
3. ☐ Feedlot
4. ☐ Industrial
5. ☐ Public Water Supply: well ID .....
6. ☐ Dewatering: how many wells? .....
7. ☐ Aquifer Recharge: well ID …….....
8. ☐ Monitoring: well ID ……..…...……
9. Environmental Remediation: well ID …….....
   ☐ Air Sparge ☐ Soil Vapor Extraction
   ☐ Recovery ☐ Injection
10. ☐ Oil Field Water Supply: lease ……..……..……
11. Test Hole: well ID …….
    ☐ Cased ☐ Uncased ☐ Geotechnical
12. Geothermal: how many bores? .....4.....
    a) Closed Loop ☐ Horizontal ☑ Vertical
    b) Open Loop ☐ Surface Discharge ☐ Inj. of Water
13. ☐ Other (specify): ……..……..

**Was a chemical/bacteriological sample submitted to KDHE?** ☐ Yes ☑ No If yes, date sample was submitted: …..…….…….....
Water well disinfected? ☐ Yes ☑ No

**8 TYPE OF CASING USED:** ☐ Steel ☐ PVC ☑ Other HDPE…….. CASING JOINTS: ☐ Glued ☐ Clamped ☑ Welded ☐ Threaded
Casing diameter ……1…... in. to …..325….. ft., Diameter …….. in. to …..…….. ft., Diameter ……..…. in. to …..…….. ft.
Casing height above land surface ……48…… in. Weight ……..…… lbs./ft. Wall thickness or gauge No. SDR11……

TYPE OF SCREEN OR PERFORATION MATERIAL:
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify) ……..…….……..
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☑ None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:
☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify) …….……
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☑ None (Open Hole)

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.

**9 GROUT MATERIAL:** ☐ Neat cement ☐ Cement grout ☑ Bentonite ☐ Other ……..
Grout Intervals: From ……0…… ft. to …325……. ft., From ……..…. ft. to ……..…. ft., From ……..…. ft. to ……..…. ft.

**Nearest source of possible contamination:**
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage
☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well
☑ Other (Specify) HOUSE……...
Direction from well? …EAST…… Distance from well? ..40…… ft.

| 10 FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHO. LOG (cont.) or PLUGGING INTERVALS |
|---|---|---|---|---|---|
| 0 | 30 | BLACK CLAY | | | |
| 30 | 45 | SAND | | | |
| 45 | 70 | GRAY SHALE | | | |
| 70 | 110 | BLACK ROCK | | | |
| 110 | 325 | WHITE ROCK | | | |
| | | | | | |
| | | | **Notes:** | | |

**11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was ☑ constructed, ☐ reconstructed, or ☐ plugged under my jurisdiction and was completed on (mo-day-year) ..10/05/2015….. and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ..812…..…… This Water Well Record was completed on (mo-day-year) ..11/19/2015..…… under the business name of Environmental Loop Service, Inc……...

Send one copy to WATER WELL OWNER and retain one for your records. Fee of $5.00 for each constructed well.
KS Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-3565.
Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212