| WATER WELL RECORD | Form WWC-5 | Division of W | ater Resources; App. No. |
|---|-----------------------------------|------------------------------|---|
| 1 LOCATION OF WATER WELL: County: SEDGWICH | Fraction | $\frac{1}{4}$ Section Number | Township Number Range Number T J 7 S R E/V |
| Distance and direction from nearest to | wn or city street address of well | if Global Position | ing Systems (decimal degrees, min. of 4 digits) |
| located within city? | <u>~</u> | I ongitudo: (| 37.687490 37.679861 17.42603 -97.40727 |
| 2 WATER WELL OWNER RR#, St. Address, Box # : 1000 | > W. MAPLE | Elevation: | |
| City, State, ZIP Code | NITA, KI (0720 | Datum: Data Collectio | n Method: KS NE / |
| 3 LOCATE WELL'S 4 DEPTH OF | COMPLETED WELL CO. | ft. | |
| LOCATION WITH AN "X" IN Depth(s) Ground | ndwater Encountered (1) | 8 ft. (2) | ace measured on mo/day/yr.[0.19]5 |
| SECTION BOX: WELL'S STA' | TIC WATER LEVEL. 18 | ft. below land surf | ace measured on mo/day/yr.10.19,5 |
| Est. Yield | gpm: Well water was | | hours pumping gpm hours pumping gpm |
| | | | ir conditioning 11 Injection well |
| w E 1 Domestic 2 Irrigation | 4 Industrial 7 Domestic (| lawn & garden) 10 M | watering 12 Other (Specify below) Ionitoring well |
| SW SE ↓ Was a chemical/bacteriological sample submitted to Department? Yes, NoX; If yes, mo/day/yrs | | | |
| Sample was submitted Water well disinfected? Yes X No | | | |
| S 5 TYPE OF CASING USED: 5 W | rought Iron 8 Concret | e tile CASI | NG JOINTS: GluedX Clamped |
| 1 Steel 3 RMP (SR) 6 A | sbestos-Cement 9 Other (s | pecify below) | Welded |
| Blank casing diameter | berglass | in. to | t. Diameter in. toft. |
| Blank casing diameter | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify) 11 Other (Specify) | | | |
| 2 Brass 4 Galvanized Steal 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: | | | |
| 1 Continuous slot 3 Mill slot 5. Guazed 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) ft. to | | | |
| GRAVEL PACK INTERVALS: From | | | |
| GRAVEL PACK INTERVALS: From | | | |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other | | | |
| Grout Intervals: From ft. to ft., From ft., From | | | |
| What is the nearest source of possible con1 Septic tank4 Latera | | Livestock pens 13 | Insecticide Storage 16 Other (specify |
| 2 Sewer lines 5 Cess p 3 Watertight sewer lines 6 Seepa | 00 | | Abandoned water well below) pil wll/gas well |
| Direction from well? | Ноч | w many feet? | 11111 DO \$4 |
| FROM TO LITHO | DLOGIC LOG | FROM TO | PLUGGING INTERVALS |
| 2 18 LIAU | • | | |
| 18 21 Med SAM | to - gravel | | |
| | m) - gillou | | |
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| 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) and this record is true to the best of my knowledge and belief. | | | |
| Kansas Water Well Contractor's License No. (D | | | |
| Under the business name of <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blank, 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 <u>constructed</u> well. | | | |