

WATER WELL RECORD

Form WWC-5

Division of Water Resources: App. No.

1 LOCATION OF WATER WELL:		Fraction		Section Number	Township Number	Range Number
County: Sedgwick		NE ¼ NE ¼ SE ¼		3	T 27S S	R 1E EW
Distance and direction from nearest town or city street address of well if located within city? 2545 N. Hillside: Wichita, KS				Global Positioning System (decimal degrees, min. of 4 digits)		
2 WATER WELL OWNER: Mart 74 (KDHE) RR#, St. Address, Box # : 1000 SW Jackson, Ste 410 City, State, ZIP Code : Topeka, KS 66612-1367				Latitude: N 37.72957 °		
				Longitude: W 97.29922 °		
				Elevation: RIM: 1365.96 TOC: 1365.75		
				Datum: above mean sea level		
Data Collection Method: legal survey						
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 15 ft.				
<div style="text-align: center;"> </div>		MW2R				
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.				
		WELL'S STATIC WATER LEVEL 8.28 ft. below land surface measured on mo/day/yr 6/3/08				
		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 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)				
		2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well				
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No X ; If yes, mo/day/yr				
		Sample was submitted _____ Water Well Disinfected? Yes _____ No X				
5 TYPE OF CASING USED:						
1 Steel		3 RMP (SR)		6 Asbestos-Cement		8 Concrete tile
2 PVC		4 ABS		7 Fiberglass		CASING JOINTS: Glued _____ Clamped _____
						Welded _____
						Threaded X
Blank casing diameter _____ 2 in. to _____ 3 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.						
Casing height below land surface 0.21 ft., Weight _____ lbs./ft. Wall thickness or gauge No. _____						
TYPE OF SCREEN OR PERFORATION MATERIAL:						
1 Steel		3 Stainless steel		5 Fiberglass		7 PVC
2 Brass		4 Galvanized steel		6 Concrete tile		8 RM (SR)
						9 ABS
						11 Other (specify) _____
						12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:						
1 Continuous slot		3 Mill slot		5 Guaze wrapped		7 Torch cut
2 Louvered shutter		4 Key punched		6 Wire wrapped		8 Saw Cut
						9 Drilled holes
						11 None (open hole)
						10 Other (specify) _____
SCREEN-PERFORATED INTERVALS: From _____ 3 ft. to _____ 15 ft. From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS: From _____ 2 ft. to _____ 15 ft. From _____ ft. to _____ ft.						
From _____ ft. to _____ ft. From _____ ft. to _____ ft.						
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other concrete, 0-1ft.						
Grout Intervals From _____ 1 ft. to _____ 2 ft. From _____ ft. to _____ 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
2 Sewer lines		5 Cess pool		8 Sewage lagoon		11 Fuel storage
3 Watertight sewer lines		6 Seepage pit		9 Feedyard		13 Insecticide Storage
						14 Abandoned water well
						16 Other (specify below)
						12 Fertilizer storage
						15 Oil well/ gas well
Direction from well? NW How many feet? ~50ft.						
FROM	TO	LITHOLOGIC LOG		FROM	TO	PLUGGING INTERVALS
0	1	Concrete				
2	4	Clay with silt, olive-brown, trace of				
		Pebbles, moderate plasticity, moist,				
		No odor				
8	10	Shale, olive, weathered, slightly moist,				
		No odor				
13	15	Shale, olive, weathered, slightly moist,				
		No odor				
Flushmount waiver from BOW						
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) 6/2/08 and this record is true to the best of my knowledge and belief.						
Kansas Water Well Contractor's License No. 757 This Water Well Record was completed on (mo/day/year) 6/25/08						
under the business name of Larsen & Associates, Inc. by (signature) _____						
INSTRUCTIONS: Please fill in blanks 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 785-296-5532. 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 .						

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