

WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No.

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: Sedgwick		SE ¼ SW ¼ NW ¼		22		T 27 S		R 01 E	
Distance and direction from nearest town or city street address of well if located within city? 1900 E Douglas, Wichita									
2 WATER WELL OWNER:		Wichita Red Cross							
RR#, St. Address, Box # :		1900 E Douglas							
City, State, ZIP Code :		Wichita, KS 67214							
		Board of Agriculture, Division of Water Resources Application Number:							
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 22 ft. ELEVATION:							
		Depth(s) Groundwater Encountered 1 16 ft. 2 _____ ft. 3 _____ ft.							
		WELL'S STATIC WATER LEVEL 13.92 ft. below land surface measured on mo/day/yr 3-10-06							
		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 3.5 in. to 22 ft. and _____ in. to _____ ft.							
		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 Lawn and garden (domestic) 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 BLANK CASING USED:									
1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____									
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____									
7 Fiberglass _____ Threaded Flush									
Blank casing diameter 1 in. to 12 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.									
Casing height above land surface Flushmount in., weight 0.32 lbs./ft. Wall thickness or gauge No. Sch 40									
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 6 Wire wrapped 9 Drilled holes 10 Other (specify) _____									
7 Torch cut									
SCREEN-PERFORATED INTERVALS: From 12 ft. to 22 ft. From _____ ft. to _____ ft.									
From _____ ft. to _____ ft. From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From 10 ft. to 22 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 _____									
Grout Intervals From 0.5 ft. to 10 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 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	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS			
0	0.5		Asphalt						
0.5	5	CL-ML	Fill-Silty Clay, fine to med grain sand						
5	7	CL	Sandy Clay, brown, fine to med sand, soft						
7	10	SC	Clayey Sand, brown, fine to med grain sand, trace coarse sand, soft						
10	10.5	SM	Silty Sand, brown, fine to coarse grain, well rounded, loose						
10.5	11.5	ML	Silt, brown, moist, very soft						
11.5	22	SP	Sand, very fine to fine grain, tan to white, well rounded, loose						
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/yr) 3-9-06 and this record is true to the best of my knowledge and belief. Kansas									
Water Well Contractor's License No. 531 This Water Well Record was completed on (mo/day/yr) _____									
under the business name of Geotechnical Services, Inc. by (signature) _____									
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.									

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