

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		NE ¼ NE ¼ NE ¼		8		T 27 S		R 1 E	
Distance and direction from nearest town or city street address of well if located within city? 21st and Broadway, Wichita									
2 WATER WELL OWNER: City of Wichita									
RR#, St. Address, Box # : 455 N. Main St., MS 1-13									
City, State, ZIP Code : Wichita, KS 67202									
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 24 ft. ELEVATION:						
			Depth(s) Groundwater Encountered 1 16.5 ft. 2 _____ ft. 3 _____ ft.						
			WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr						
			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 8 in. to 24 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 Air Sparge									
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 2 in. to 22 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.									
Casing height above land surface 0 in., weight 0.703 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) 10 Asbestos-cement									
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____									
12 None used (open hole)									
SCREEN OR PERFORATION OPENINGS ARE:									
5 Gauzed wrapped 8 Saw cut 11 None (open hole)									
1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes									
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____									
SCREEN-PERFORATED INTERVALS: From 22 ft. to 24 ft. From _____ ft. to _____ ft.									
From _____ ft. to _____ ft. From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From 19 ft. to 24 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 Bentonite Grout									
Grout Intervals From 0.5 ft. to 19 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	3.0		Sand, tan, medium grained						
3.0	6.0		Silt, brown						
6.0	8.5		Sand, tan, fine grained						
8.5	15.0		Silty Clay, brown						
15.0	19.0		Sand, brown, medium to coarse grained						
19.0	21.0		Silty Clay, gray						
21.0	24.0		Sand, tan, fine to medium grained						
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) 01/11/10 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) 01/28/10									
under the business name of Geotechnical Services Inc. by (signature) <i>[Signature]</i>									
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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