

MW-10

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

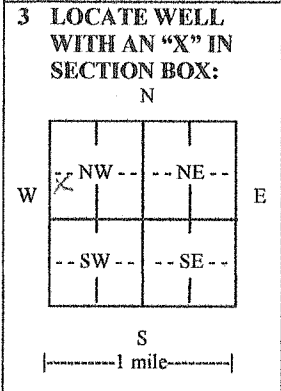
[Empty box for application number]

<b>1 LOCATION OF WATER WELL:</b> County: Sedgwick	Fraction NW 1/4 NW 1/4 SW 1/4 NW 1/4	Section Number 21	Township No. T 27 S	Range Number R 1 <input checked="" type="checkbox"/> E <input type="checkbox"/> W
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Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here .  
Approx. 100 ft. south of intersection of 2nd and Broadway and 25 ft. east

**Global Positioning System (GPS) information:**  
Latitude: .37.68946..... (in decimal degrees)  
Longitude: -97.33537..... (in decimal degrees)  
Elevation: 1298'  
Datum:  WGS 84,  NAD 83,  NAD 27  
Collection Method:  
 GPS unit (Make/Model: .....)  
 Digital Map/Photo,  Topographic Map,  Land Survey  
Est. Accuracy:  <3 m,  3-5 m,  5-15 m,  >15 m

**2 WATER WELL OWNER:** Kiser, Inc.  
RR#, Street Address, Box #: 1646 Glasgow Street  
City, State, ZIP Code : Wichita, Ks. 67206



**4 DEPTH OF COMPLETED WELL** 21..... ft.

Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.

WELL'S STATIC WATER LEVEL 15.38..... ft. below land surface measured on mo/day/yr. 9/30/14.....

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 8.25.....in. to .21.....ft., and .....in. to .....ft.

WELL WATER TO BE USED AS:  Public water supply  Geothermal  Injection well  
 Domestic  Feedlot  Oil field water supply  Dewatering  Other (Specify below)  
 Irrigation  Industrial  Domestic-lawn & garden  Monitoring well .....

Was a chemical/bacteriological sample submitted to Department?  Yes  No

If yes, mo/day/yr sample was submitted.....

Water well disinfected?  Yes  No

**5 TYPE OF CASING USED:**  Steel  PVC  Other .....

CASING JOINTS:  Glued  Clamped  Welded  Threaded

Casing diameter .2..... in. to .11..... ft., Diameter ..... in. to ..... ft.  
Casing height above land surface..0..... in., Weight .....lbs./ft., Wall thickness or gauge No. sch 40.....

TYPE OF SCREEN OR PERFORATION MATERIAL:  
 Steel  Stainless Steel  PVC  Other (Specify) .....  
 Brass  Galvanized Steel  None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:  
 Continuous slot  Mill slot  Gauze wrapped  Torch cut  Drilled holes  None (open hole)  
 Louvered shutter  Key punched  Wire wrapped  Saw cut  Other (specify) .....

SCREEN-PERFORATED INTERVALS: From .11..... ft. to .21..... ft., From ..... ft. to ..... ft.  
From ..... ft. to ..... ft., From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From .9..... ft. to .21..... ft., From ..... ft. to ..... ft.  
From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**6 GROUT MATERIAL:**  Neat cement  Cement grout  Bentonite  Other .....

Grout Intervals: From .1..... ft. to .9..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

What is the nearest source of possible contamination:  
 Septic tank  Lateral lines  Pit privy  Livestock pens  Insecticide storage  Other (specify below)  
 Sewer lines  Cesspool  Sewage lagoon  Fuel storage  Abandoned water well  
 Watertight sewer lines  Seepage pit  Feedyard  Fertilizer storage  Oil well/gas well .....

Direction from well ..... Distance from well .....

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	1	Concrete, fill sand			slight odor
1	4	Silty Clay, dark brown, some sand, no odor	15	21	Sand, brown to gray, fine to medium moist to wet, strong odor,
4	7	Sandy clay, brown to light brown, moist. no odor			saturated at 16'
7	10	Clayey Sand, brown to red brown, moist, no odor			
10	13	Sand, reddish brown, fine, moist, no odor			
13	15	Sandy Clay, grayish brown, moist,			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was  constructed,  reconstructed, or  plugged under my jurisdiction and was completed on (mo/day/year) 9/29/14..... and this record is true to the best of my knowledge and belief.  
Kansas Water Well Contractor's License No. 604..... This Water Well Record was completed on (mo/day/year) 10/15/14.....  
under the business name of Environmental Priority Service, Inc..... by (signature) [Signature]

**INSTRUCTIONS:** Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send one copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367.  
Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>