

WATER WELL RECORD Form WWC-5

Division of Water
Resources App. No.

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Well ID

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Original Record Correction Change in Well Use

1 LOCATION OF WATER WELL:
County: Sedgwick

Fraction SW 1/4 SE 1/4 SE 1/4 NW 1/4

Section Number 7

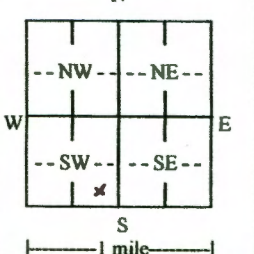
Township Number T 27 S

Range Number R 1 E

2 WELL OWNER: Last Name: Patton First: Donna
Business:
Address: 2104 Bella Vista
City: Wichita State: KS ZIP: 67203

Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:

3 LOCATE WELL WITH "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL: ft.
Depth(s) Groundwater Encountered: 1) ft.
2) ft. 3) ft., or 4) Dry Well
WELL'S STATIC WATER LEVEL: ft.
 below land surface, measured on (mo-day-yr)
 above land surface, measured on (mo-day-yr)
Pump test data: Well water was ft.
after hours pumping gpm
Well water was ft.
after hours pumping gpm
Estimated Yield: gpm
Bore Hole Diameter: in. to ft. and
..... in. to ft.

5 Latitude: 37.7158649 (decimal degrees)
Longitude: -97.3646334 (decimal degrees)
Horizontal Datum: WGS 84 NAD 83 NAD 27
Source for Latitude/Longitude:
 GPS (unit make/model:)
(WAAS enabled? Yes No)
 Land Survey Topographic Map
 Online Mapper: Google Earth

6 Elevation: ft. Ground Level TOC
Source: Land Survey GPS Topographic Map
 Other

7 WELL WATER TO BE USED AS:

- | | | | | | | | | | | | | |
|---|--|-------------------------------------|--|--|---|---|---|---|--|------------------------------|---------------------------------------|---|
| 1. Domestic: <input type="checkbox"/> Household <input checked="" type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock | 2. <input type="checkbox"/> Irrigation | 3. <input type="checkbox"/> Feedlot | 4. <input type="checkbox"/> Industrial | 5. <input type="checkbox"/> Public Water Supply: well ID | 6. <input type="checkbox"/> Dewatering: how many wells? | 7. <input type="checkbox"/> Aquifer Recharge: well ID | 8. <input type="checkbox"/> Monitoring: well ID | 9. Environmental Remediation: well ID | 10. <input type="checkbox"/> Oil Field Water Supply: lease | 11. Test Hole: well ID | 12. Geothermal: how many bores? | 13. <input type="checkbox"/> Other (specify): |
|---|--|-------------------------------------|--|--|---|---|---|---|--|------------------------------|---------------------------------------|---|

Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:

8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded
Casing diameter in. to ft., Diameter in. to ft., Diameter in. to ft.
Casing height above land surface 13 in. Weight lbs./ft. Wall thickness or gauge No.

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

SCREEN OR PERFORATION OPENINGS ARE:
 Continuous Slot Mill Slot Gauze Wrapped Torch Cut Drilled Holes Other (Specify)
 Louvered Shutter Key Punched Wire Wrapped Saw Cut None (Open Hole)

SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft.
GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft.

9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other
Grout Intervals: From ft. to ft., From ft. to ft., From ft. to ft.
Nearest source of possible contamination:
 Septic Tank Lateral Lines Pit Privy Livestock Pens Insecticide Storage
 Sewer Lines Cess Pool Sewage Lagoon Fuel Storage Abandoned Water Well
 Watertight Sewer Lines Seepage Pit Feedyard Fertilizer Storage Oil Well/Gas Well
 Other (Specify)

| 10 FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHO. LOG (cont.) or PLUGGING INTERVALS |
|---------|----|----------------|------|----|--|
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Notes: Raised casing

11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-yr) 8/31/21 and this record is true to the best of my knowledge and belief.
Kansas Water Well Contractor's License No. 948 This Water Well Record was completed on (mo-day-yr) 9/1/21 under the business name of Jessica Hannerman Signature: _____