

WATER WELL RECORD Form WWC-5 KSA 82a-1212					
1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Sedgwick</u>		<u>NE ¼ NE ¼ SE ¼</u>	<u>21</u>	<u>T 27 S</u>	<u>R 1 EW</u>
Distance and direction from nearest town or city street address of well if located within city?					
<u>106 South Hydraulic, Wichita, Kansas</u>					
2 WATER WELL OWNER:		<u>Town & Country Markets</u>		<u>01938038</u>	<u>MW-7</u>
RR#, St. Address, Box # :		<u>P.O. Box 17087</u>		Board of Agriculture, Division of Water Resources	
City, State, ZIP Code :		<u>Wichita, Kansas 67217</u>		Application Number:	
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <u>19</u> ft. ELEVATION: <u>Approx. 1295.0</u>			
		Depth(s) Groundwater Encountered <u>1</u> <u>14.0</u> ft. <u>2</u> _____ ft. <u>3</u> _____ ft.			
		WELL'S STATIC WATER LEVEL <u>13.99</u> ft. below land surface measured on mo/day/yr <u>11/17/94</u>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield <u>N/A</u> gpm Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <u>8.25</u> in. to <u>19</u> ft., and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS:			
		<u>5</u> Public water supply <u>8</u> Air conditioning <u>11</u> Injection well <u>1</u> Domestic <u>3</u> Feedlot <u>6</u> Oil field water supply <u>9</u> Dewatering <u>12</u> Other (Specify below) <u>2</u> Irrigation <u>4</u> Industrial <u>7</u> Lawn and garden only <u>(10)</u> Monitoring well			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yr sample was submitted _____			
		Water Well Disinfected? Yes _____ No <u>X</u>			
5 TYPE OF BLANK CASING USED:		CASING JOINTS: Glued _____ Clamped _____			
<u>②</u> PVC		<u>Welded</u> _____			
<u>③</u> Mill slot		<u>Threaded</u> <u>X</u>			
Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft.		Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. <u>Schedule 40</u>			
TYPE OF SCREEN OR PERFORATION MATERIAL:		<u>⑦</u> PVC			
<u>1</u> Steel		<u>10</u> Asbestos-cement			
<u>2</u> Brass		<u>11</u> Other (specify) _____			
<u>3</u> Stainless steel		<u>12</u> None used (open hole)			
<u>4</u> Galvanized steel		<u>8</u> RMP (SR)			
<u>5</u> Fiberglass		<u>9</u> ABS			
<u>6</u> Concrete tile		<u>11</u> Other (specify) _____			
SCREEN OR PERFORATION OPENINGS ARE:		<u>12</u> None used (open hole)			
<u>1</u> Continuous slot		<u>5</u> Gauzed wrapped			
<u>2</u> Louvered shutter		<u>6</u> Wire wrapped			
<u>3</u> Key punched		<u>7</u> Torch cut			
<u>4</u> Key punched		<u>8</u> Saw cut			
<u>5</u> Gauzed wrapped		<u>9</u> Drilled holes			
<u>6</u> Wire wrapped		<u>10</u> Other (specify) _____			
<u>7</u> Torch cut		<u>11</u> None (open hole)			
SCREEN-PERFORATED INTERVALS:		<u>12</u> None used (open hole)			
From _____ ft. to _____ ft.		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.			
From _____ ft. to _____ ft.		From _____ ft. to _____ ft.			
6 GROUT MATERIAL:		<u>①</u> Neat cement			
<u>2</u> Cement grout		<u>③</u> Bentonite			
<u>4</u> Other _____		<u>4</u> Other _____			
Grout intervals: From _____ ft. to _____ ft.		From _____ ft. to _____ ft.			
What is the nearest source of possible contamination:		<u>10</u> Livestock pens			
<u>1</u> Septic tank		<u>11</u> Fuel storage			
<u>2</u> Sewer lines		<u>12</u> Fertilizer storage			
<u>3</u> Watertight sewer lines		<u>13</u> Insecticide storage			
<u>4</u> Lateral lines		<u>14</u> Abandoned water well			
<u>5</u> Cess pool		<u>15</u> Oil well/Gas well			
<u>6</u> Seepage pit		<u>⑩</u> Other (specify below) _____			
<u>7</u> Pit privy		<u>UST</u>			
<u>8</u> Sewage lagoon					
<u>9</u> Feedyard					
Direction from well?		How many feet?			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:		This water well was <u>①</u> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>11/04/94</u> and this record is true to the best of my knowledge and belief. Kansas			
Water Well Contractor's License No. <u>416</u>		This Water Well Record was completed on (mo/day/yr) _____			
under the business name of <u>Terracon Consultants, Inc.</u>		by (signature) <u>[Signature]</u>			
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					