

# WATER WELL RECORD SE SWSE NE Form WWC-5

Division of Water Resources; App. No.

| <b>1 LOCATION OF WATER WELL:</b><br>County: <u>Sedgwick</u> Fraction <u>1/4</u> <u>1/4</u> <u>1/4</u> <u>1/4</u><br>Distance and direction from nearest town or city street address of well if located within city?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    | Section Number <u>36</u> Township Number <u>T 27N</u> Range Number <u>R 2E</u><br><b>Global Positioning Systems</b> (decimal degrees, min. of 4 digits)<br>Latitude: <u>37.660855</u> <u>37.65541</u><br>Longitude: <u>-97.16044</u> <u>-97.15279</u><br>Elevation: _____<br>Datum: _____<br>Data Collection Method: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |                |   |   |          |   |   |             |   |    |           |    |    |            |    |    |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |      |    |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>2 WATER WELL OWNER:</b> <u>Jon Elmore</u><br>RR#, St. Address, Box # : <u>15702 E. Rosewood</u><br>City, State, ZIP Code : <u>Wichita</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    | <b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b><br><div style="text-align: center;"> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    |                |   |   |          |   |   |             |   |    |           |    |    |            |    |    |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |      |    |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>4 DEPTH OF COMPLETED WELL</b> <u>62</u> ft.<br>Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft.<br>WELL'S STATIC WATER LEVEL <u>23</u> ft. below land surface measured on mo/day/yr. _____<br>Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm<br>Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm<br>WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well<br>1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)<br>2 Irrigation 4 Industrial 7 <u>Domestic (lawn &amp; garden)</u> 10 Monitoring well<br>Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> _____; If yes, mo/day/yr<br>Sample was submitted _____ Water well disinfected? Yes <input checked="" type="checkbox"/> No _____                                                                                                                                                                    |    | <b>5 TYPE OF CASING USED:</b><br>1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____<br>2 <u>PVC</u> 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____<br>7 Fiberglass Threaded _____<br>Blank casing diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.<br>Casing height above land surface <u>1.6</u> in., Weight <u>16.0</u> lbs./ft. Wall thickness or gauge No. <u>26</u><br><b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b><br>1 Steel 3 Stainless Steel 5 Fiberglass <u>PVC</u> 9 ABS 11 Other (Specify) _____<br>2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)<br><b>SCREEN OR PERFORATION OPENINGS ARE:</b><br>1 Continuous slot 3 <u>Mill slot</u> 5 Guazed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)<br>2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) _____<br><b>SCREEN-PERFORATED INTERVALS:</b> From <u>42</u> ft. to <u>62</u> ft., From _____ ft. to _____ ft.<br>From _____ ft. to _____ ft., From _____ ft. to _____ ft.<br><b>GRAVEL PACK INTERVALS:</b> From <u>25</u> ft. to <u>62</u> ft., From _____ ft. to _____ ft.<br>From _____ ft. to _____ ft., From _____ ft. to _____ ft. |    |                |   |   |          |   |   |             |   |    |           |    |    |            |    |    |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |      |    |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>6 GROUT MATERIAL:</b> 1 Neat cement 2 Cement grout <u>Bentonite</u> 4 Other _____<br>Grout Intervals: From <u>4</u> ft. to <u>24</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.<br>What is the nearest source of possible contamination:<br>1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify below)<br>2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well<br>3 <u>Watertight sewer lines</u> 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well<br>Direction from well? <u>South East</u> How many feet? <u>35'</u>                                                                                                                                                                                                                                                                                                                                                                                                                                            |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    |                |   |   |          |   |   |             |   |    |           |    |    |            |    |    |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |      |    |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>2</td> <td>Top Soil</td> </tr> <tr> <td>2</td> <td>9</td> <td>Brown Shale</td> </tr> <tr> <td>9</td> <td>21</td> <td>Tan Shale</td> </tr> <tr> <td>21</td> <td>47</td> <td>Grey Shale</td> </tr> <tr> <td>47</td> <td>62</td> <td>Blue Shale</td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                           |    | FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | TO | LITHOLOGIC LOG | 0 | 2 | Top Soil | 2 | 9 | Brown Shale | 9 | 21 | Tan Shale | 21 | 47 | Grey Shale | 47 | 62 | Blue Shale |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> |  | FROM | TO | PLUGGING INTERVALS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | TO | LITHOLOGIC LOG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                |   |   |          |   |   |             |   |    |           |    |    |            |    |    |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |      |    |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 21 | Tan Shale                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                |   |   |          |   |   |             |   |    |           |    |    |            |    |    |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |      |    |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 47 | Grey Shale                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |                |   |   |          |   |   |             |   |    |           |    |    |            |    |    |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |      |    |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 47                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 62 | Blue Shale                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |                |   |   |          |   |   |             |   |    |           |    |    |            |    |    |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |      |    |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>2:10:06</u> and this record is true to the best of my knowledge and belief.<br>Kansas Water Well Contractor's License No. <u>4611</u> This Water Well Record was completed on (mo/day/year) <u>8/17/06</u><br>under the business name of <u>Chase Drilling</u> by (signature) <u>D. Chase</u><br><b>INSTRUCTIONS:</b> 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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each <u>constructed</u> well. Visit us at <a href="http://www.kdhe.state.ks.us/geo/waterwells">http://www.kdhe.state.ks.us/geo/waterwells</a> . |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    |                |   |   |          |   |   |             |   |    |           |    |    |            |    |    |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |      |    |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |