| WATER WELL RECORD NE SE NW SE Form WWC-5 Division of Water Resources; App. No. | | | | | | | | | | | | |
|--|---|-------------|-------------|---|---------|--------------------------|------------------------------|--|---------------------|---------------------------------------|------------------------|--|
| | 1 LOCATION OF WATER WELL: | | | | | action | Sud 1/4 | | | Township Number $T 27 S$ | | |
| Dist | istance and direction from nearest town or city street address of well if | | | | | | | Global Positioning Systems (decimal degrees, min. of 4 digits) | | | | |
| located within city? 2423 SPRING HOLLOW | | | | | | | | Latitude: | | | | |
| WICHITA,KS | | | | | | | | Longitu | de: | | | |
| Z WA | RR#, St. Address, Box # : 430 warner | | | | | | | | Elevation: | | | |
| | City, State, ZIP Code : Angusta, KS 67010 | | | | | | | Datum: | | | | |
| | | | | | | | | | | | | |
| 1 | 3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL | | | | | | | | | | | |
| 1 | WITH AN "X" IN Depth(s) Groundwater Encountered (1) | | | | | | | | | | Ĥ | |
| | SECTION BOX: WELL'S STATIC WATER LEVEL. 3 | | | | | | | | | /vr | | |
| | N | | | Pump test data: Well water wasft. after hours pumping | | | | | | | | |
| | | $\neg \mid$ | Est. Yie | eld.20gr | om: W | Vell water wa | sft. after hours pumping gpm | | | | | |
| WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 In | | | | | | | | | | | | |
| W E 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Sp 2 Irrigation 4 Industrial Domestic (lawn & garden) 10 Monitoring well | | | | | | | | | ter (Specify below) | | | |
| | | | | | | | | •••••• | | | | |
| S | Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/da | | | | | | | | | | If ves, mo/dav/vrs | |
| | Sample was submitted Water well disinfected? Yes No | | | | | | | | | | | |
| S | | | | | | | | | | | | |
| | | | | | | | | | | G JOINTS: Glued | 1 | |
| | Steel | 3 RMP | | 6 Asbesto | | nent 9 O | ther (specify | y below) | | Welded | | |
| (2)PVC 4 ABS 7 Fiberglass Threaded | | | | | | | | | | | | |
| OPVC 4 ABS 7 Fiberglass Threaded. Blank casing diameter in. to ft., Diameter in. to ft., Diameter Casing height above land surface in., Weight in., Weight in., Weight Wall thickness or guage No. 100 ft. | | | | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | | | | | |
| 1 Steel 3 Stainless Steel 5 Fiberglass PVC 9 ABS 11 Other (Specify) | | | | | | | | | | | | |
| 2 Brass 4 Galvanized Steal 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole) | | | | | | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | | | | | | | | |
| 1 Continuous slot Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut10 Other (specify) | | | | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From | | | | | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | | | | | |
| From ft. to ft., From ft. to ft. o ft. to ft. to ft. to | | | | | | | | | | | | |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout Bentonite 4 Other | | | | | | | | | | | | |
| Grout Intervals: From | | | | | | | | | | | | |
| | | | - | ble contamina | | | | | | | | |
| | Septic tank | | | Lateral lines | | · · | 10 Livest | | | | 16 Other (specify | |
| | Sewer line Watertight | | | Cess pool Seepage pit | | wage lagoon | 11 Fuel s | torage zer Storag | | andoned water well l well/gas well | below) | |
| | | | | | | | | | | | | |
| FROM | TO | | | LITHOLOGI | | | FROM | | | PLUGGING INT | | |
| 0 | 1 | - | TOP | JIOZ | | | | | | | | |
| 1 | 15 | C | iAy | | | | | | | | | |
| 15 | ĴO | L | MES | TONE | | | | | | | | |
| 50 | 7 | ß | uga | | ALL | - | | | | | | |
| 77 | 45 | - 67 | PJUM | n Rol | ĸ | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 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/year) | | | | | | | | | | | | |
| under m | y jurisdicti | on and v | vas com | pleted on (m | o/day/ | year) | 6-06 and | this recor | d is true t | o the best of my know | /ledge and belief. | |
| Kansas | Water Wel | l Contra | ctor's Li | cense No | 19.0 | This Wa | ter Well Re | cord was c | ompleted | on (nevday/year) | 1.1-11-6 | |
| under th | CTIONS: 14 | name of | ter or hall | noint nen PIA | EASE PL | 21CUNG RESS FIRMLY as | Det PRINT clear | y (Signatu rlv. Please f | illin blank | underline or circle the bo | rrect answers Send ton | |
| INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> 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 S., 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 http://www.kdheks.gov/waterwell/index.html. | | | | | | | | | | | |