

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: Sedgwick		Fraction SE $\frac{1}{4}$ SW $\frac{1}{4}$ SE $\frac{1}{4}$		Section Number 19	Township Number T 27 S	Range Number R 2 E/W																																																												
Distance and direction from nearest town or city street address of well if located within city? 7310 E. Kellogg, Wichita, KS		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____																																																																
2 WATER WELL OWNER: Rusty Eck Ford, Inc. RR#, St. Address, Box # 7310 E. Kellogg City, State, ZIP Code Wichita, KS 67207-1608																																																																		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N W <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>--NW--</td><td>--NE--</td></tr><tr><td>--SW--</td><td>--SE--</td></tr></table> E S		--NW--	--NE--	--SW--	--SE--	4 DEPTH OF COMPLETED WELL 19.7 ft. Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL 10.33 ft. below land surface measured on mo/day/yr 6-12-07 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes No X If yes, mo/day/yr Sample was submitted _____ Water well disinfected? Yes No X																																																												
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5 TYPE OF CASING USED: 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) _____ 2 PVC 4 ABS 7 Fiberglass _____ Blank casing diameter 2 in. to 5 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface _____ in., Weight _____ lbs./ft. Wall thickness or gauge No. SCH40 TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify) _____ 2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 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 Cut 10 Other (specify) _____ SCREEN-PERFORATED INTERVALS: From 19.7 ft. to 5 ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From 19.7 ft. to 4 ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft.																																																																		
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Cement Grout Intervals: From 4 ft. to 0.5 ft., From 0.5 ft. to 0 ft., From _____ ft. to _____ ft. What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify below) 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well Parking lot Direction from well? Immediate vicinity How many feet? Immediate vicinity <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>0.5</td> <td>Asphalt surface</td> <td>19.7</td> <td>4</td> <td>10/20 Sand</td> </tr> <tr> <td>0.5</td> <td>2</td> <td>Black fat clay</td> <td>4</td> <td>0.5</td> <td>3/8 Bentonite chips</td> </tr> <tr> <td>2</td> <td>5</td> <td>Brown fat clay</td> <td>0.5</td> <td>0</td> <td>Cement</td> </tr> <tr> <td>5</td> <td>15</td> <td>Brown lean to fat clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>15</td> <td>20</td> <td>Brown lean clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>MW-4</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>							FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0	0.5	Asphalt surface	19.7	4	10/20 Sand	0.5	2	Black fat clay	4	0.5	3/8 Bentonite chips	2	5	Brown fat clay	0.5	0	Cement	5	15	Brown lean to fat clay				15	20	Brown lean clay									MW-4																		
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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) 6-6-07 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 665 This Water Well Record was completed on (mo/day/year) 6-20-07 under the business name of Pratt Well Environmental by (signature) <i>Rusty E. Ford</i> 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, 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 constructed well. Visit us at http://www.kdhe.state.ks.us/geo/waterwells .																																																																		