| WATER WELL RECORD Form WWC-5 | | | | | | rision of Wate | | | |
|---|---|--------------------|----------------|---|-----------------|--|-----------------------------|------------------------|--|
| Original Record Correction Change in Well Use | | | | | | ources App. N | | Well ID | |
| 1 LOCATION OF WATER WELL: Fraction County: SEDGWICK SE¼ NW ¼ SV | | | | | | tion Number Township Number Range Number 35 T 27 S R 2 E W | | | |
| 2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and | | | | | | | | | |
| Business: IRRIGATION UNLIMITED direction from nearest town or intersection): If at owner's address, check here | | | | | | | | | |
| Address: 2230 S IR | | | | | | NSTONE | | | |
| City. HUTCHINSON State, NO Zit . 0/302 | | | | | | CHITA, KS 67230 | | | |
| 3 LOCATE WELL 4 DEPTH OF COMPLETED WELL: 100 ft. 5 Latitude: (decir | | | | | | | | (decimal degrees) | |
| | SECTION ROY. Depth(s) Groundwater Encountered: 1) | | | | | | Longitude:(decimal degrees) | | |
| li . | 2) | | | | | Horizontal Datum: WGS 84 NAD 83 NAD 27 | | | |
| | below land surface, measured on (mo-day-yr).0. | | | | | Source for Latitude/Longitude: GPS (unit make/model:) | | | |
| NW | above land surface, measured on (mo-day- | | | | | | (WAAS enabled? ☐ Yes ☐ No) | | |
| | Pump test data: Well water was ft. | | | | | ☐ Land Survey ☐ Topographic Map | | | |
| w | E after hours pumping Well water was | | | | | □ O ₁ | nline Mapper: | ••••••• | |
| sw | SW SE after hours pu | | | | | | | | |
| | Estimated Yield:!25 | | | t20m | | | | . 🗌 Ground Level 🔲 TOC | |
| | S Bore Hole Diameter: | | | 10.5 in to 100 | | | | GPS 🔲 Topographic Map | |
| 1 | | | | in, to | ft. | | Other | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | |
| | 1. Domestic: 5. ☐ Public Water Supply: well ID ☐ Household 6. ☐ Dewatering: how many wells? | | | | | | | | |
| | | | | g: now many wens?. echarge: well ID | | | | | |
| _ | ☐ Livestock ☐ Livestock ☐ Livestock ☐ Livestock | | | | | | | | |
| | | | | al Remediation: well I | | | | | |
| | | | E ☐ Soil Vapor | Extraction b) Open Loop Surface Discharge Inj. of Water | | | | | |
| 4. Industrial Recovery Injection 13. Other (specify): | | | | | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ■ No If yes, date sample was submitted: | | | | | | | | | |
| Water well disinfected? ■ Yes □ No | | | | | | | | | |
| 8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other | | | | | | | | | |
| Casing diameter 5 in to 100 ft., Diameter in to ft., Diameter in to ft., Diameter in to ft. Casing height above land surface 12 in Weight lbs/ft. Wall thickness or gauge No. SDR-26 | | | | | | | | | |
| 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 .60 ft. to .100 ft., From ft. to ft. ft. | | | | | | | | | |
| GRAVEL PACK INTERVALS: From 23 ft. to 100 ft., From ft. to ft., From ft. to ft. | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | | |
| Grout Intervals: From | | | | | | | | | |
| Nearest source of possible contamination: | | | | | | | | | |
| ☐ Septic | | | Lateral Line | | | Livestock Per | | cide 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) | | | | | | | | | |
| Direction from well? WEST Distance from well? 45 | | | | | | | | | |
| 10 FROM | TO | İ | LITHOLOG | GIC LOG | FROM | ТО | LITHO. LOG (cont.) or | PLUGGING INTERVALS | |
| 0 | 1 | TOP SOIL | | | | | | | |
| 1 | 12 | CLAY | | | _ | | | | |
| 12 | 100 | SHALE | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | Notes: | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged | | | | | | | | | |
| under my jurisdiction and was completed on (mo-day-year) 95/03/2017 and this record is true to the best of my knowledge and belief | | | | | | | | | |
| Kansas Water Well Contractor's License No. 884 This Water Well Record was completed on (mo-day-year) 05/11/2017 | | | | | | | | | |
| Mail | l white copy a | long with a fee of | \$5.00 for eac | h constructed well to: Ka | nsas Department | of Health and F | Invironment Bureau of W | ater, GWTS Section | |
| Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524. | | | | | | | | | |
| Visit us at http://www.kdhcks.gov/vaterwell/index.html KSA 82a-1212 Revised 7/10/2015 | | | | | | | | | |