| WATER WELL RECORD Form WWC-5 Division of Water | | | | | | | | | | | | | |
|---|-----------------------|--|---|------------------------|---|-------------|--|---|--------------------------|-------------------------------|-------------------------|--|--|
| | | | | ge in Well Use | | | | ces App. No. | | Well ID | | | |
| 1 LOCATION OF WATER WELL: County: SEDGWICK | | | Fraction | Section Num | | | | Township Numb | | nge Number | | | |
| | SW 1/4 NW 1/4 S | | | | | | ² ■E□W | | | | | | |
| 2 WELL OWNER: Last Name: First: Street Business: BOA COMPANIES Address: | | | | | | | | et or Rural Address where well is located (if unknown, distance and tion from nearest town or intersection): If at owner's address, check here: | | | | | |
| Address: 7540 WEST NORTHWIND City: WICHITA State: KS ZIP: 67205 | | | | | | | | 141 EAST CASA BELLA CT., WICHITA, KS, 67207 | | | | | |
| 3 LOCAT | | | I OF COL | | т. | 90 | _ | 5 Y -444 | | | (desired decrees) | | |
| 1 | Donth(a) Crowndy mtor | | | | IPLETED WELL:90 ft. Encountered: 1) ft. | | | 5 Latitude: | | | | | |
| | SECTION BOX: 2) ft. | | | | | | - | Horizontal Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27 | | | | | |
| 1 | · | WELL'S S' | WELL'S STATIC WATER LEVEL:4.5 | | | | Source for Latitude/Longitude: | | | | | | |
| | 1 | below land surface, measured on (mo-day-yr). above land surface, measured on (mo-day-yr). | | | | -yr)2/9/101 | | | | | | | |
| NW | NE | | Pump test data: Well water was ft. | | | | (WAAS enabled? Yes No) Land Survey Topographic Map | | | | NO) | | |
| | | | after hours pumping gpm | | | | Online Mapper: | | | | | | |
| SW SE | | | Well water was ft. | | | | - | ** | | | | | |
| | * | after | after hours pumping gpi Estimated Yield:14gpm | | | | 6 Elevation:ft. ☐ Ground Level ☐ TOC | | | | | | |
| | S | Bore Hole Diameter:10.5. in. to90 | | | | ft and | | | | | opographic Map | | |
| 1 mile | | | | in. to ft. | | | | Other | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | | | | |
| 1. Domestic: | | | | ater Supply: well I | | | | 10. 🔲 Oil I | Field Water Supply: | lease | | | |
| | | | | ng: how many wells? | | | | 11. Test Hole: well ID | | | | | |
| | | | | echarge: well ID | | | | ☐ Cased ☐ Uncased ☐ Geotechnical 12. Geothermal: how many bores? | | | | | |
| | | | | | | | | | | oop Horizontal Vertical | | | |
| 3. ☐ Feedlot ☐ Air Sparge | | | | | | | | b) Open Loop Surface Discharge Inj. of Water | | | | | |
| 4. 🔲 Industr | ☐ Injection | on | n 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 | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | |
| ☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole) SCREEN-PERFORATED INTERVALS: From | | | | | | | | | | | | | |
| GRAVEL PACK INTERVALS: From 26 ft. to 90 ft., From ft. to ft., From ft. to ft. | | | | | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other. Grout Intervals: From 3 ft. to 26 ft., From ft. to ft. | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Nearest source of possible contamination: □ Septic Tank □ Lateral Lines □ Pit Privy □ Livestock Pens □ Insecticide Storage | | | | | | | | | | | | | |
| ☐ Septic | | | Lateral Line Cess Pool | es ☐ Pit Pr ☐ Seway | | _ | | vestock Pens iel Storage | _ | icide Storage ioned Water | | | |
| | ight Sewer Li | _ | Seepage Pit | | | | | ertilizer Stora | | ell/Gas Well | | | |
| ☐ Other (Specify) Direction from well? NORTH Distance from well? .80 ft. | | | | | | | | | | | | | |
| Direction fro | | | | | om w | | | | | | TO TO WAYNE THE A | | |
| 10 FROM | TO | | LITHOLO | GIC LOG | | FROM | + | TO L | ITHO. LOG (cont.) | r PLUGGIN | IG INTERVALS | | |
| 1 | 8 | TOP SOIL | | - A | | | +- | | | | | | |
| 8 | | LIMESTON | F | | | | + | | | | | | |
| 22 | 83 | GRAY SHA | | | | | + | | | | P Asfa | | |
| 83 | 85 | GYP/GRAY | | | | | + | | | | | | |
| 85 | 87 | GRAY SHA | | | | | + | | | | | | |
| 87 | 90 | GYP | | | | 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) .2/09/2018 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) | | | | | | | | | | | | | |
| under the b | ousiness nan | ne of WENU | NGER.DF | RILLING, LLC | | | Sign | nature | | | | | |
| 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. | | | | | | | | | | | | | |
| 1 | | | • | s 66612-1367. Mail | one to | | | | e for your records. Tele | | 6-5524. cd 7/10/2015 | | |
| Visit us at htt | p://www.kdhel | cs.gov/waterwell | /index.html | | | KSA 82a- | 1414 | 4 | 774 | Revise | u //10/4013 | | |