

WATER WELL RECORD Form WWC-5

Original Record Correction Change in Well Use

Division of Water Resources App. No.

Well ID

1 LOCATION OF WATER WELL: County: Sedgwick	Fraction NW ¼ NE ¼ NE ¼ ¼	Section Number 3	Township Number T 27 S	Range Number R 2 E W
---	------------------------------	----------------------------	----------------------------------	--------------------------------

2 WELL OWNER: Last Name: First: Business: Treescapes Address: 1202 Andover Rd Address: City: Andover State: KS ZIP: 67002	Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: <input type="checkbox"/> 2955 N Woodridge Ct. Wichita Ks, 67226
--	--

3 LOCATE WELL WITH "X" IN SECTION BOX:

N

W	---	---	E
	NW	NE	
	SW	SE	
	S		

1 mile

4 DEPTH OF COMPLETED WELL:130'..... ft.

Depth(s) Groundwater Encountered: 1) ft.
2) ft. 3) ft., or 4) Dry Well

WELL'S STATIC WATER LEVEL: ft.
 below land surface, measured on (mo-day-yr).....
 above land surface, measured on (mo-day-yr).....

Pump test data: Well water was ft.
after..... hours pumping gpm
Well water was ft.
after..... hours pumping gpm

Estimated Yield: gpm
Bore Hole Diameter:10"..... in. to130'..... ft. and
..... in. to ft.

5 Latitude:(decimal degrees)
Longitude:(decimal degrees)
Horizontal Datum: WGS 84 NAD 83 NAD 27
Source for Latitude/Longitude:
 GPS (unit make/model:)
(WAAS enabled? Yes No)
 Land Survey Topographic Map
 Online Mapper:

6 Elevation:ft. Ground Level TOC
Source: Land Survey GPS Topographic Map
 Other

7 WELL WATER TO BE USED AS:

1. Domestic: <input type="checkbox"/> Household <input checked="" type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock	5. <input type="checkbox"/> Public Water Supply: well ID	10. <input type="checkbox"/> Oil Field Water Supply: lease
2. <input type="checkbox"/> Irrigation	6. <input type="checkbox"/> Dewatering: how many wells?	11. Test Hole: well ID
3. <input type="checkbox"/> Feedlot	7. <input type="checkbox"/> Aquifer Recharge: well ID	<input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical
4. <input type="checkbox"/> Industrial	8. <input type="checkbox"/> Monitoring: well ID	12. Geothermal: how many bores?
	9. Environmental Remediation: well ID	a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical
	<input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction	b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water
	<input type="checkbox"/> Recovery <input type="checkbox"/> Injection	13. <input type="checkbox"/> 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 JOINTS:** Glued Clamped Welded Threaded

Casing diameter5"..... in. to130'..... ft., Diameter in. to ft., Diameter in. to ft.

Casing height above land surface12"..... in. Weight160..... lbs./ft. Wall thickness or gauge No.

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: From90'..... ft. to130'..... ft., From ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From20'..... ft. to130'..... ft., From ft. to ft., From ft. to ft.

9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other

Grout Intervals: From3'..... ft. to20'..... ft., From ft. to ft., From ft. to ft.

Nearest source of possible contamination:

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> Lateral Lines	<input type="checkbox"/> Pit Privy	<input type="checkbox"/> Livestock Pens	<input type="checkbox"/> Insecticide Storage
<input checked="" type="checkbox"/> Sewer Lines	<input type="checkbox"/> Cess Pool	<input type="checkbox"/> Sewage Lagoon	<input type="checkbox"/> Fuel Storage	<input type="checkbox"/> Abandoned Water Well
<input type="checkbox"/> Watertight Sewer Lines	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Feedyard	<input type="checkbox"/> Fertilizer Storage	<input type="checkbox"/> Oil Well/Gas Well
<input type="checkbox"/> Other (Specify)				

Direction from well? **North East** Distance from well? **150'** + ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0'	3'	Top Soil			
3'	50'	Clay			
50'	75'	Limestone			
75'	85'	Gray Shale			
85'	130'	Shaley Lime			

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) **5/14/2018**..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **493**..... This Water Well Record was completed on (mo-day-year) **6/7/2018**..... under the business name of **Reiserer Well Drilling**..... Signature *[Signature]*

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.