

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: <u>Sedwick</u>		Fraction <u>NE 1/4 SE 1/4 SE 1/4</u>	Section Number <u>25</u>	Township Number <u>T 28 S</u>	Range Number <u>R 1 E W</u>															
Distance and direction from nearest town or city street address of well if located within city? <u>200 Fieldstone Ct.</u>			Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____																	
2 WATER WELL OWNER: RR#, St. Address, Box # : <u>200 Fieldstone Ct.</u> City, State, ZIP Code : <u>Derby KS</u>		4 DEPTH OF COMPLETED WELL <u>80</u> ft.																		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1" style="margin: auto;"> <tr><td></td><td></td><td></td></tr> <tr><td>--NW--</td><td></td><td>--NE--</td></tr> <tr><td></td><td></td><td></td></tr> <tr><td>--SW--</td><td></td><td>--SE--</td></tr> <tr><td></td><td></td><td></td></tr> </table> S					--NW--		--NE--				--SW--		--SE--				Depth(s) Groundwater Encountered (1) <u>31</u> ft. (2) ft. (3) ft. WELL'S STATIC WATER LEVEL..... <u>31</u> ft. below land surface measured on mo/day/yr..... 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 <u>Domestic (lawn & garden)</u> 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes No ☒; If yes, mo/day/yr Sample was submitted Water well disinfected? Yes ☒ No			
--NW--		--NE--																		
--SW--		--SE--																		
5 TYPE OF CASING USED:																				
1 Steel		3 RMP (SR)		5 Wrought Iron																
2 <u>PVC</u>		4 ABS		6 Asbestos-Cement																
Blank casing diameter <u>5</u> in. to <u>80</u> ft., Diameter		7 Fiberglass		8 Concrete tile																
Casing height above land surface <u>16</u> in., Weight <u>160</u> lbs./ft.		8 RM (SR)		9 Other (specify below)																
TYPE OF SCREEN OR PERFORATION MATERIAL:		9 ABS		CASING JOINTS: Glued ☒ Clamped Welded Threaded																
1 Steel		3 Stainless Steel		11 Other (Specify)																
2 Brass		4 Galvanized Steel		12 None used (open hole)																
3 Fiberglass		5 Guazed wrapped		7 Torch cut																
4 Concrete tile		6 Wire wrapped		8 Saw Cut																
7 PVC		8 RM (SR)		9 Drilled holes																
9 ABS		10 Asbestos-Cement		11 None (open hole)																
SCREEN OR PERFORATION OPENINGS ARE:																				
1 Continuous slot		2 Mill slot		3 Louvered shutter																
4 Key punched		5 Guazed wrapped		6 Wire wrapped																
7 Torch cut		8 Saw Cut		9 Drilled holes																
10 Other (specify)		11 None (open hole)		12 None used (open hole)																
SCREEN-PERFORATED INTERVALS: From <u>40</u> ft. to <u>80</u> ft., From ft. to ft.																				
GRAVEL PACK INTERVALS: From <u>24</u> ft. to <u>80</u> ft., From ft. to ft.																				
FROM ft. to ft., From ft. to ft.																				
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 <u>Bentonite</u> 4 Other																				
Grout Intervals: From <u>4</u> ft. to <u>24</u> ft., From ft. to ft., From ft. to ft.																				
What is the nearest source of possible contamination:																				
1 Septic tank		4 Lateral lines		7 Pit privy																
2 Sewer lines		5 Cess pool		8 Sewage lagoon																
3 <u>Watertight sewer lines</u>		6 Seepage pit		9 Feedyard																
10 Livestock pens		13 Insecticide Storage		16 Other (specify below)																
11 Fuel storage		14 Abandoned water well		15 Oil well/gas well																
12 Fertilizer Storage		15 Oil well/gas well		16 Other (specify below)																
Direction from well? <u>North</u>		How many feet? <u>60'</u>		12 Fertilizer Storage																
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS																				
00		2		TOP SOIL																
2		28		Clay																
28		40		Sand																
40		80		Shale / Limestone																
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) <u>4.19.06</u> and this record is true to the best of my knowledge and belief.																				
Kansas Water Well Contractor's License No. <u>611</u> This Water Well Record was completed on (mo/day/year) <u>6.15.06</u> under the business name of <u>Chase Drilling</u> by (signature) <u>D. Chase</u>																				
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 .																				