

WATER WELL RECORD

Form WWC-5

Division of Water Resources: App. No.

1 LOCATION OF WATER WELL:		Fraction		Section Number	Township Number	Range Number
Country: Sedgwick		NE ¼ NE ¼ NE ¼		9	T 28 S	R 1 E
Distance and direction from nearest town or city street address of well if located within city? 3241 S Hydraulic, Wichita KS 67216				Global Positioning System (decimal degrees, min. of 4 digits)		
2 WATER WELL OWNER: Adrial Barger RR#, St. Address, Box # : 115 Grover St. City, State, ZIP Code : Wichita, KS 67217				Latitude: N 37.63471°		
				Longitude: W 97.31731°		
				Elevation: RIM: 1278.03; TOC: 1277.79		
				Datum: WGS84		
Data Collection Method: legal survey						

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL 19 ft.
	MW14
	Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.
	WELL'S STATIC WATER LEVEL 13.22 ft. below land surface measured on mo/day/yr 2/9/10
	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 Feed lot 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	

5 TYPE OF CASING USED:		5 Wrought Iron		8 Concrete tile		CASING JOINTS: Glued _____ Clamped _____	
1 Steel		3 RMP (SR)		6 Asbestos-Cement		9 Other (specify below) _____	
2 PVC		4 ABS		7 Fiberglass		Welded _____	
						Threaded X	
Blank casing diameter 2 in. to 9 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.							
Casing height below land surface 0.24 ft., Weight _____ lbs./ft. Wall thickness or gauge No. _____							
TYPE OF SCREEN OR PERFORATION MATERIAL:							
1 Steel		3 Stainless steel		5 Fiberglass		7 PVC	
2 Brass		4 Galvanized steel		6 Concrete tile		8 RM (SR)	
						9 ABS	
						11 Other (specify) _____	
SCREEN OR PERFORATION OPENINGS ARE:							
1 Continuous slot		3 Mill slot		5 Gauze wrapped		7 Torch cut	
2 Louvered shutter		4 Key punched		6 Wire wrapped		8 Saw Cut	
						9 Drilled holes	
						11 None (open hole)	
SCREEN-PERFORATED INTERVALS: From 9 ft. to 19 ft. From _____ ft. to _____ ft.							
GRAVEL PACK INTERVALS: From 7.5 ft. to 19 ft. From _____ ft. to _____ ft.							
SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft. From _____ ft. to _____ ft.							
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft. From _____ ft. to _____ ft.							

6 GROUT MATERIAL:			
1 Neat cement		2 Cement grout	
3 Bentonite		4 Other Concrete: 0 - 2 feet	
Grout Intervals From 2 ft. to 7.5 ft.		From _____ ft. to _____ ft.	
What is the nearest source of possible contamination:			
1 Septic tank		4 Lateral lines	
2 Sewer lines		5 Cess pool	
3 Watertight sewer lines		6 Seepage pit	
		7 Pit privy	
		8 Sewage lagoon	
		9 Feedyard	
		10 Livestock pens	
		11 Fuel storage	
		12 Fertilizer storage	
		13 Insecticide Storage	
		14 Abandoned water well	
		15 Oil well/ gas well	
		16 Other (specify below) _____	
Direction from well? NW		How many feet? ~200t	

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	0.5	Grass, topsoil (sod)			
0.5	3	Brown, fine with medium grained sand, trace clay			
3	5	Brown grading to dark brown, fine with medium grained sand, trace clay			
5	8	Dark brown, fine with medium grained sand, trace clay grading to tan fine to coarse sand, poorly sorted, subrounded			
8	20	Tan fine to coarse sand, poorly sorted, subrounded			
					Flushmount waiver from BOW

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) 2/8/10 and this record is true to the best of my knowledge and belief.	
Kansas Water Well Contractor's License No. 757 . This Water Well Record was completed on (mo/day/year) 3/23/10 under the business name of Larsen & Associates, Inc. by (signature) _____	

INSTRUCTIONS: Please fill in blanks 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.kdheks.gov/waterwell>.