

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: <u>Saline</u>		Fraction <u>1/4 SW 1/4 NW 1/4 NW 1/4</u>	Section Number <u>4</u>	Township Number <u>T 28 S</u>	Range Number <u>R 1 E</u>																																	
2 WELL OWNER: Last Name: <u>Onall</u> First: _____ Business: _____ Address: <u>2502 S Ellis</u> Address: _____ City: <u>Wichita</u> State: <u>Ks</u> ZIP: <u>67</u>			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: ☐ <u>2502 S Ellis</u>																																			
3 LOCATE WELL WITH "X" IN SECTION BOX: 		4 DEPTH OF COMPLETED WELL: <u>37</u> ft. Depth(s) Groundwater Encountered: 1) <u>17</u> ft. 2) _____ ft. 3) _____ ft. or 4) ☐ Dry Well WELL'S STATIC WATER LEVEL: <u>17</u> ft. ☒ below land surface, measured on (mo-day-yr) <u>2-25-13</u> ☐ 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: _____ in. to _____ ft. and _____ in. to _____ ft.		5 Latitude: _____ (decimal degrees) Longitude: _____ (decimal degrees) 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: ☐ Household ☐ Public Water Supply: well ID _____ ☒ Lawn & Garden ☐ Dewatering: how many wells? _____ ☒ Livestock ☐ Aquifer Recharge: well ID _____ 2. ☐ Irrigation ☐ Monitoring: well ID _____ 3. ☐ Feedlot ☐ Environmental Remediation: well ID _____ 4. ☐ Industrial ☐ Air Sparge ☐ Soil Vapor Extraction ☐ Recovery ☐ Injection																																						
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 diameter <u>5</u> in. to _____ ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface <u>12</u> in. Weight _____ lbs./ft. Wall thickness or gauge No. <u>160</u> 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 _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.																																						
9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☐ Bentonite ☐ Other _____ Grout Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. Nearest source of possible contamination: ☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide 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? <u>South</u> Distance from well? <u>10'</u> ft.																																						
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">10 FROM</th> <th style="width:10%;">TO</th> <th style="width:40%;">LITHOLOGIC LOG</th> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:20%;">LITHO. LOG (cont.) or PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td rowspan="4" style="text-align: center; vertical-align: middle;"> <u>Raised casing up to 12" above ground & installed a well seal to code</u> </td> <td></td> <td></td> <td></td> </tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td colspan="2"></td> <td colspan="4" style="vertical-align: top;"> Notes: </td> </tr> </tbody> </table>						10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS			<u>Raised casing up to 12" above ground & installed a well seal to code</u>																					Notes:			
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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) <u>2-25-13</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>473</u> This Water Well Record was completed on (mo-day-year) <u>2-25-13</u> under the business name of <u>Bearden Pump & Well</u>																																						

INSTRUCTIONS: Send one copy to WATER WELL OWNER and retain one copy for your records. Submit fee of \$5.00 for each constructed well along with one (white) copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone (785) 296-3565.

Visit us at <http://www.kdheks.gov/waterwell/index.html>

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