

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:

Edgwick

Fraction

SW 1/4 NW 1/4 SE 1/4

Section Number

6

Township Number

T 29 S

Range Number

R 1 E

2 WELL OWNER: Last Name:

Wheeler

First: *James*

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: ☒

Business:

Address:

Address:

City:

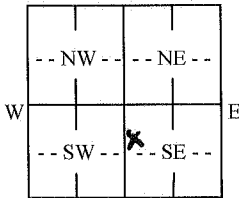
624 W 7th St

Naperville

State: *IL* ZIP:

3 LOCATE WELL WITH "X" IN SECTION BOX:

N



W

E

S

-----1 mile-----

4 DEPTH OF COMPLETED WELL: *5.0* ft.

Depth(s) Groundwater Encountered: 1) ft.

2) ft. 3) ft., or 4) ☐ Dry Well

WELL'S STATIC WATER LEVEL: *2.4* 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: *1.2* 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

☒ Lawn & Garden

☒ Livestock

2. ☐ Irrigation

3. ☐ Feedlot

4. ☐ Industrial

5. ☐ Public Water Supply: well ID

6. ☐ Dewatering: how many wells?

7. ☐ Aquifer Recharge: well ID

8. ☐ Monitoring: well ID

9. Environmental Remediation: well ID

☐ Air Sparge

☐ Soil Vapor Extraction

☐ Recovery

☐ Injection

10. ☐ Oil Field Water Supply: lease

11. Test Hole: well ID

☐ Cased ☐ Uncased ☐ Geotechnical

12. Geothermal: how many bores?

a) Closed Loop ☐ Horizontal ☐ Vertical

b) Open Loop ☐ Surface Discharge ☐ Inj. of Water

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 in. to ft., Diameter in. to ft., Diameter in. to ft.

Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No. *26*

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 *30* ft. to *50* ft., From ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From *24* ft. to *30* ft., From ft. to ft., From ft. to ft.

9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other

Grout Intervals: From *4* ft. to *24* 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? *South* Distance from well? *29'* ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
<i>0</i>	<i>2</i>	<i>Top Soil</i>			
<i>2</i>	<i>24</i>	<i>Clay</i>			
<i>24</i>	<i>37</i>	<i>med. coarse gravel</i>			
<i>37</i>	<i>50</i>	<i>Shale</i>			

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) *10/4/13* and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. *611* This Water Well Record was completed on (mo-day-year) *11/4/13* under the business name of *Chase Drilling*

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>

KSA 82a-1212

Revised 9/10/2012