| WATER WELL RECORD Form WWC-5 Division of Water Resources App. No. | | | | | | | | |
|--|--|------------------------|------------------------|---------------|--|------------------------|----------------------------|--|
| | | | Fraction SE NE S | | Section Number | | Range Number | |
| County: Sedgwick | | | | et 1/4 ME 1/4 | | T 29 S | | |
| Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here | | | | | Global Positioning System (GPS) information: Latitude: | | | |
| Hom hearest town of intersection. If at owner's address, check here 2. | | | | | Longitude: (in decimal degrees) Longitude: (in decimal degrees) | | | |
| | | | | | Elevation: | | | |
| 2 WATED WELLOWNED. | | | | | <u>Datum</u> : ☐ WGS 84, ☐ NAD 83, ☐ NAD 27 | | | |
| 2 WATER WELL OWNER: Larry Mertz RR#, Street Address, Box #: 940 Rivera Circle | | | | | Collection Method: GPS unit (Make/Model:) | | | |
| City, State, ZIP Code : Mulvane, KS 67110 | | | | | ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey | | | |
| Widivacie, NO 07110 | | | | | Est. Accuracy: | | | |
| 3 LOCATE WELL | | | | | | | | |
| | WITH AN "X" IN SECTION BOX: Depth(s) Groundwater Encountered (1) 40 ft (2) ft (3) ft | | | | | | | |
| SECTION BOX: N Depth(s) Groundwater Encountered (1).40 ft. (2) | | | | | | | av/vr | |
| | Pump test data: Well water wasft. after hours pumping | | | | | | | |
| NW | EST. YIELD. 18gpm. Well water wasft. after | | | | | | | |
| w | w E Bore Hole Diameter 1.9in. to .100ft., andin. toft. | | | | | | | |
| | WELL WATER TO BE USED AS: Public water supply Geothermal Injection well | | | | | | | |
| sw | S | E Domestic | ☐ Industrial ☑ | Domestic law | r supply De | ewatering U | nner (Specify below) | |
| | ☐ Irrigation ☐ Industrial ☑ Domestic-lawn & garden ☐ Monitoring well | | | | | | | |
| S If yes, mo/day/yr sample was submitted | | | | | | | | |
| 1 mile Water well disinfected? | | | | | | | | |
| 5 TYPE OF CASING USED: Steel PVC Other | | | | | | | | |
| CASING JOINTS: M Glued Clamped Welded Threaded | | | | | | | | |
| Casing diameter .5 in. to .100 ft., Diameter in. to ft., Diameter ft., | | | | | | | | |
| Casing height above land surface. 12 in., Weight 2.5 lbs./ft., Wall thickness or gauge No. SDR26 | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: Steel Stainless Steel PVC Other (Specify) | | | | | | | | |
| ☐ Steel ☐ Stainless Steel ☑ PVC ☐ Other (Specify) | | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | | | | |
| ☐ Continuous slot ☐ Mill slot ☐ Gauze wrapped ☐ Torch cut ☐ Drilled holes ☐ None (open hole) | | | | | | | | |
| Louvered shutter Key punched Wire wrapped Saw cut Other (specify) SCREEN-PERFORATED INTERVALS: From 40 ft. to 100 ft., From ft., From ft. | | | | | | | | |
| From ft to ft From ft to ft | | | | | | | | |
| From | | | | | | | | |
| From | | | | | | | | |
| 6 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☑ Bentonite ☐ Other | | | | | | | | |
| Grout Intervals: From .3 | | | | | | | | |
| what is the hearest source of possible contamination: Septic tank | | | | | | | | |
| Sewer lines | | | | | | | | |
| ☐ Watertight sewer lines ☐ Seepage pit ☐ Feedyard ☐ Fertilizer storage ☐ Oil well/gas well Direction from well Northeas ☐ Distance from well50 | | | | | | | | |
| FROM | TO TO | LITHOLOG | TC L OC | FROM | | | GGING INTERVALS | |
| | 3 | Topsoil | ile Lod | TROM | TO LITTO. L. | od (cont.) or 1 Ec | GOING INTERVALS | |
| | 30 | Clav | | 1 | | | | |
| | 100 | Limestone | | | | | | |
| | | | | | | | | |
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| | | | | + | | NIL 177 | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☑ constructed, ☐ reconstructed, or ☐ plugged | | | | | | | | |
| under my jurisdiction and was completed on (mo/day/year) .1.1/1.0/20.14 and this record is true to the best of my knowledge and belief. | | | | | | | | |
| Kansas Water Well Contractor's License No. 238 This Water Well Record was completed on (mo/day/year) 11/11/2014 under the business name of Premier Pump & Well Service, Inc | | | | | | | | |
| under the | busine | ss name of Premier Pul | np. & vvell Service, I | NC. | . by (signature) | moderate and a part of | answers. Send one const to | |
| INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send one copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. | | | | | | | | |
| Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at | | | | | | | | |