WATE	R WELL	RECORD	For	n WWC-	<b>5</b> 1	Division of Water	Resources; A	app. No.	
1 LOCATION OF WATER WELL: County: Harvey				NE ¼		Section Num	ber Town	ship Number	Range Number
Distance and direction from nearest town or city street address of well if Global Positioning System (decimal degrees, min. of 4 digits									
located within city?  Latitude: Longitude:									
2 WATER WELL OWNER: Roger Todd Elevation:									
RR#, S	st. Address,	Box # : 1321 E	ouglas Dri			Datum:			
City, State, ZIP Code : Sedgwick, KS 67135 Data Collection Method:  3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 80 ft.									
		28 4 DEPTH OF	COMPL	ELED MEI	L 80	_ ft.			
LOCA	TON [AN "X" ]]	N Depth(s) Grow	ndwatar En	countered 1		e	<b>.</b> .	A 2	<u>α</u>
	ION BOX:	WEIL'S STA	TIC WATE	D I EVEI	30	ft below land	l. 4	II. 3	ft.
SECT	N	Pum	n test data:	Well water	. was	n. ociow iand	suriace ilica fer	hours numn	ng gpm
		Est. Yield 20	gpm:	Well water	was	ft. af	ter	hours pump	ing gpm
x Lww	/ NE	WELL WATE	R TO BE U	JSED AS: 5	Public	water supply	8 Air condit	tioning 11 It	njection well
		_ 1 Domestic 3	Feed lot	6-Qil field	water su	pply 9	Dewatering	12 Oth	er (Specify below)
W E Domestic 3 Feed lot 6 Qil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well									
-sw-sE									
Was a chemical/bacteriological sample submitted to Department? Yes No x; If yes, mo/day/yrs									
	S	Sample was su	bmitted			Wa	ter Well Dis	infected? Yes	x No
5 TYPE	OF CASIN	NG USED: 5	Wrought I	ron	8 Cond	rete tile	CASING JO	INTS: Glued	x Clamped
☐ ☐ Ste	el :	3  RMP (SR)  6	Asbestos-	Cement	9 Othe	r (specify below	w)	Welde	d
( 2)PV	C 4	4 ABS 7	Fiberglass	;		•		Thread	ded
Blank cas	ing diameter	r 5 in. to	30	ft., Dia		in. to	ft., Dia	in.	to ft.
Casing height above land surface 12 in., Weight 2.40 lbs./ft. Wall thickness or gauge No. 160psi									
TYPE OF SCREEN OR PERFORATION MATERIAL									
2 PVC 4 ABS 7 Fiberglass Threaded Blank casing diameter 5 in. to 30 ft., Dia in. to ft., Dia in. to ft. Casing height above land surface 12 in., Weight 2.40 lbs./ft. Wall thickness or gauge No. 160psi TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 9 ABS 11 Other (specify) 2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)									
2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)									
1 Continuous slot (3) Mill slot 5 Guaze wranned 7 Torch cut 9 Drilled holes 11 None (onen hole)									
SCREEN OR PERFORATION OPENINGS ARE:  1 Continuous slot 3 Mill slot 5 Guaze wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)  2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)  SCREEN-PERFORATED INTERVALS: From 30 ft. to 80 ft. From ft. to ft.  From ft. to ft.									
SCREEN-	PERFORA	TED INTERVALS	From	30	ft. to	<b>80</b> f	ft. From	ft. t	o ft.
•			From		ft. to	f	ft. From	ft. t	o ft.
GR	AVEL PAC	CK INTERVALS:	From	20	ft. to	<b>80</b> f	ft. From	ft. t	o ft.
<u> </u>			From		ft. to	f	ft. From	ft. t	oft.
GRAVEL PACK INTERVALS: From 20 ft. to 80 ft. From ft. to ft.  From ft. to ft. From ft. to ft.  6 GROUT MATERIAL: 1 Neat cement 2 Cement grout (3 Bentonite 4 Other									
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Grout Intervals From 3 ft. to 20 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 10 Livestock pens 13 Insecticide Storage 16 Other (specify									
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well below)									
Watertight sewer lines 6 Seepage pit 9 Feedyard  Direction from well? South  12 Fertilizer storage 15 Oil well/ gas well  How many feet? 38ft									
FROM	TO		LOGIC LO	)G	FRO	M TO	PLU	JGGING INT	ERVALS
0	16	Top Soil Clav							
16		Fine Sand			+				
18		Shale			1				
					1				
					_				
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) 3-15-2007 and this record is true to the best of my knowledge and belief.									
		tractor's License No.		This W		Record was com	npleted on (mo	o(day/year) 3-	27-2007
		of Weninger Dr						Ulnuse	
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									
vour records	Fee of \$5.00	for each constructed we	Il Vigit ug at	http://www.kd	heks gov/	vaterwell			