

SE SW SW SW

WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No.

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number		
County: SEDGWICK	SW ¼ NW ¼ SW ¼	33	T 26S S	1W 1W EW		
Distance and direction from nearest town or city street address of well if located within city? 8610 OAK RIDGE CIR, WICHITA						
2 WATER WELL OWNER: HEATH MARX						
RR#, St. Address, Box # : 8610 OAK RIDGE CIR						
City, State, ZIP Code : WICHITA, KS						
Board of Agriculture, Division of Water Resources Application Number:						
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 80 ft. ELEVATION:				
		Depth(s) Groundwater Encountered 1 32 ft. 2 _____ ft. 3 _____ ft.				
		WELL'S STATIC WATER LEVEL 32 ft. below land surface measured on mo/day/yr 10/11/04				
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm				
		Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm				
Bore Hole Diameter 10 in. to 80 ft. and _____ in. to _____ ft.		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 Lawn and garden (domestic) 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 X No _____				
5 TYPE OF BLANK CASING USED:						
1 PVC 2 _____ 3 RMP (SR) 4 ABS 5 Wrought Iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below)						
Blank casing diameter 5 in. to 80 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.						
Casing height above land surface 16 in., weight 160 lbs./ft. Wall thickness or gauge No. 26						
TYPE OF SCREEN OR PERFORATION MATERIAL:						
1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 PVC 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) 12 None used (open hole)						
SCREEN OR PERFORATION OPENINGS ARE:						
1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) 11 None (open hole)						
SCREEN-PERFORATED INTERVALS: From 70 ft. to 80 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS: From 24 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						
Grout Intervals From 4 ft. to 24 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.						
What is the nearest source of possible contamination:						
1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 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? EAST How many feet? 29						
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3		TOPSOIL			
3	27		TAN CLAY			
27	36		FINE SAND			
36	61		GREY CLAY			
61	80		MED/COARSE SAND/GRAVEL			
RECEIVED						
NOV 08 2004						
BUREAU OF WATER						
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/yr) 10/11/04 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/yr) 10/21/04						
under the business name of CHASE DRILLING by (signature) <i>R. Chase</i>						
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.						

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