

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL:
County: Sedgwick
Distance and direction from nearest town or city street address of well if located within city? 3902 Lakecrest

Fraction SE 1/4 NE 1/4 SW 1/4

Section Number 28

Township Number T 20S

Range Number R 1E

2 WATER WELL OWNER:
RR#, St. Address, Box # : Craig Pate
City, State, ZIP Code :
Global Positioning Systems (decimal degrees, min. of 4 digits)
Latitude: _____
Longitude: _____
Elevation: _____
Datum: _____
Data Collection Method: _____

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:
N
W

--NW--	--NE--
--SW--	--SE--

 E
S

4 DEPTH OF COMPLETED WELL 50 ft.
Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft.
WELL'S STATIC WATER LEVEL 17 ft. below land surface measured on mo/day/yr. _____
Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
Est. Yield 50 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
1 Domestic 3 Feedlot 6 On field water supply 9 Dewatering 12 Other (Specify below)
2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 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 CASING USED:
1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile
2 PVC 4 ABS 7 Fiberglass 9 Other (specify below)
Blank 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. 16 OPSI
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)
SCREEN OR PERFORATION OPENINGS ARE:
1 Continuous slot 3 Mill slot 5 Gauzed 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 40 ft. to 50 ft., From _____ ft. to _____ ft.
From _____ ft. to _____ ft., From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From 20 ft. to 50 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 1 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 below)
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well
Direction from well? East How many feet? 17

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
9	1	topsoil			
1	8	clay			
8	15	fine sand			
15	35	med sand			
35	40	fine sand			
40	50	med sand			

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) 6/15/06 and this record is true to the best of my knowledge and belief.
Kansas Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/year) 6/15/06
under the business name of Werner Pumping (signature) Werner Pumping
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline 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 your records. Fee of \$5.00 for each constructed well. Visit us at <http://www.kdhe.state.ks.us/geo/waterwells>.