

## WATER WELL RECORD

## Form WWC-5

Division of Water Resources; App. No.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |        |                                      |                                                                                                                                                                            |                              |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| <b>1 LOCATION OF WATER WELL:</b><br>County: <u>Sedgewick</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |        | Fraction <u>NE 1/4 SE 1/4 SE 1/4</u> | Section Number <u>32</u>                                                                                                                                                   | Township Number T <u>S26</u> | Range Number R <u>1 E</u> <u>(W)</u> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |
| Distance and direction from nearest town or city street address of well if located within city? <u>3114 N Brook Creek St</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |        |                                      | Global Positioning Systems (decimal degrees, min. of 4 digits)<br>Latitude: _____<br>Longitude: _____<br>Elevation: _____<br>Datum: _____<br>Data Collection Method: _____ |                              |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |
| <b>2 WATER WELL OWNER:</b> <u>Mark Landneth</u><br>RR#, St. Address, Box # : <u>3114 N Brook Creek St</u><br>City, State, ZIP Code : <u>Wichita KS</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |        |                                      |                                                                                                                                                                            |                              |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |
| <b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b><br>N<br><div style="display: flex; align-items: center; justify-content: center;"> <div style="text-align: center;">W</div> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td>--NW--</td> <td>--NE--</td> </tr> <tr> <td>--SW--</td> <td>--SE--</td> </tr> </table> <div style="text-align: center;">E</div> </div><br>S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |        | --NW--                               | --NE--                                                                                                                                                                     | --SW--                       | --SE--                               | <b>4 DEPTH OF COMPLETED WELL</b> ..... <u>60</u> ..... ft.<br>Depth(s) Groundwater Encountered (1)..... <u>21'</u> ..... ft. (2)..... ft. (3)..... ft.<br>WELL'S STATIC WATER LEVEL..... <u>21'</u> ..... ft. below land surface measured on mo/day/yr. <u>4-24-07</u><br>Pump test data: Well water was.....ft. after..... hours pumping..... gpm<br>Est. Yield.....gpm: Well water was.....ft. after..... hours pumping..... gpm<br>WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well<br>1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)<br>2 Irrigation 4 Industrial 7 <u>Domestic (lawn &amp; garden)</u> 10 Monitoring well .....<br>Was a chemical/bacteriological sample submitted to Department? Yes ..... No <u>X</u> .....; If yes, mo/day/yr<br>Sample was submitted..... Water well disinfected? Yes <u>X</u> ..... No ..... |  |  |  |
| --NW--                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | --NE-- |                                      |                                                                                                                                                                            |                              |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |
| --SW--                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | --SE-- |                                      |                                                                                                                                                                            |                              |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |
| <b>5 TYPE OF CASING USED:</b> 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued.. <u>X</u> ... Clamped.....<br>1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded.....<br><u>2 PVC</u> 4 ABS 7 Fiberglass ..... Threaded.....<br>Blank casing diameter ..... <u>5</u> ..... in. to ..... <u>60</u> ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.<br>Casing height above land surface..... <u>16</u> ..... in., Weight ..... <u>160</u> ..... lbs./ft. Wall thickness or gauge No. .... <u>26</u> .....<br>TYPE OF SCREEN OR PERFORATION MATERIAL:<br>1 Steel 3 Stainless Steel 5 Fiberglass <u>7 PVC</u> 9 ABS 11 Other (Specify) .....<br>2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)<br>SCREEN OR PERFORATION OPENINGS ARE:<br>1 Continuous slot 3 <u>Mill slot</u> 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)<br>2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) .....<br>SCREEN-PERFORATED INTERVALS: From..... <u>40</u> ..... ft. to ..... <u>60</u> ..... ft., From ..... ft. to ..... ft.<br>From..... ft. to ..... ft., From ..... ft. to ..... ft.<br>GRAVEL PACK INTERVALS: From..... <u>24</u> ..... ft. to ..... <u>60</u> ..... ft., From ..... ft. to ..... ft.<br>From..... ft. to ..... ft., From ..... ft. to ..... ft. |        |                                      |                                                                                                                                                                            |                              |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |
| <b>6 GROUT MATERIAL:</b> 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other .....<br>Grout Intervals: From..... <u>4</u> ..... ft. to ..... <u>24</u> ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.<br>What is the nearest source of possible contamination:<br>1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify below)<br>2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well<br><u>3 Watertight sewer lines</u> 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well<br>Direction from well? ..... <u>North</u> ..... How many feet? ..... <u>12'</u> .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |        |                                      |                                                                                                                                                                            |                              |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |
| FROM TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |        | LITHOLOGIC LOG                       |                                                                                                                                                                            | FROM TO PLUGGING INTERVALS   |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2      | Top Soil                             |                                                                                                                                                                            |                              |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 21     | Clay                                 |                                                                                                                                                                            |                              |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |
| 21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 47     | Med Sand                             |                                                                                                                                                                            |                              |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |
| 47                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 49     | Clay                                 |                                                                                                                                                                            |                              |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |
| 49                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 60     | Coarse Sand gravel                   |                                                                                                                                                                            |                              |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |
| <b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>4-24-07</u> and this record is true to the best of my knowledge and belief.<br>Kansas Water Well Contractor's License No. <u>611</u> This Water Well Record was completed on (mo/day/year) <u>5-18-07</u><br>under the business name of <u>Chase Drilling</u> by (signature) <u>D. Chase</u><br><b>INSTRUCTIONS:</b> 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 <u>constructed</u> well. Visit us at <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> .                                                                                                                                                                                                                                                                                                            |        |                                      |                                                                                                                                                                            |                              |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |