

WATER WELL RECORD

NE SW NE SE

Form WWC-5

Division of Water Resources App. No.

1 LOCATION OF WATER WELL:

County:

Salisbury

Fraction:

1/4 NW 1/4 NE 1/4 SE 1/4

Section Number

24

Township No.

T 26 S

Range Number

R 1 E NW

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐.

4839 Cobblestone

Global Positioning System (GPS) information:

Latitude: (in decimal degrees)

Longitude: (in decimal degrees)

Elevation:

Datum: ☐ WGS 84, ☐ NAD 83, ☐ NAD 27

Collection Method:

☐ GPS unit (Make/Model:☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land SurveyEst. Accuracy: ☐ <3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ >15 m

2 WATER WELL OWNER:

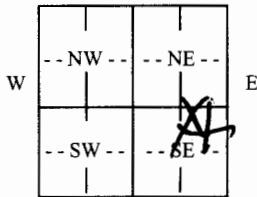
RR#, Street Address, Box #:

City, State, ZIP Code :

Mr. Augman
4839 Cobblestone
Wichita KS 67204

3 LOCATE WELL WITH AN "X" IN SECTION BOX:

N



S

-----1 mile-----

4 DEPTH OF COMPLETED WELL

36

Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.

WELL'S STATIC WATER LEVEL..... ft. below land surface measured on mo/day/yr.....

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 in. to ft., and in. to ft.

WELL WATER TO BE USED AS: ☐ Public water supply ☐ Geothermal ☐ Injection well☐ Domestic ☐ Feedlot ☐ Oil field water supply ☐ Dewatering ☐ Other (Specify below)☐ Irrigation ☐ Industrial ☒ Domestic-lawn & garden ☐ Monitoring wellWas a chemical/bacteriological sample submitted to Department? ☐ Yes ☒ No

If yes, mo/day/yr sample was submitted.....

Water well disinfected? ☐ Yes ☒ No

5 TYPE OF CASING USED:

☐ Steel ☒ PVC ☐ OtherCASING JOINTS: ☒ Glued ☐ Clamped ☐ Welded ☐ Threaded

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.

TYPE OF SCREEN OR PERFORATION MATERIAL:

☐ Steel ☐ Stainless Steel ☒ PVC ☐ Other (Specify)☐ Brass ☐ Galvanized Steel ☐ None used (open hole)

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 ft. to ft., From ft. to ft.

From ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft.

From ft. to ft., From ft. to ft.

6 GROUT MATERIAL:

☐ Neat cement ☒ Cement grout ☐ Bentonite ☐ Other

Grout Intervals: From ft. to ft., From ft. to ft., From ft. to ft.

What is the nearest source of possible contamination:

☐ Septic tank ☐ Lateral lines ☐ Pit privy ☐ Livestock pens ☐ Insecticide storage ☐ Other (specify below)☐ Sewer lines ☐ Cesspool ☐ Sewage lagoon ☐ Fuel storage ☐ Abandoned water well☒ Watertight sewer lines ☐ Sewage pit ☐ Feedyard ☐ Fertilizer storage ☐ Oil well/gas well

Direction from well Distance from well

FROM TO LITHOLOGIC LOG FROM TO LITHO. LOG (cont.) or PLUGGING INTERVALS

0 5

5 18

18 36

Top Soil
Fine Tan Sand
Coarse Tan Sand7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☒ constructed, ☐ reconstructed, or ☐ plugged under my jurisdiction and was completed on (mo/day/year) 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) under the business name of by (signature)

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) 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 <http://www.kdheks.gov/waterwell/index.html>.