

WATER WELL RECORD *NE NW SE NW* **Form WWC-5** Division of Water Resources App. No.

Division of Water Resources App. No.

1

LOCATION OF WATER WELL:

Fraction

County:

Sedgwick

1/4 NE 1/4 SW 1/4 NW 1/4

Section Number

34

Township No.

T 26 S

Range Number

R 1 E W

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

X

2

WATER WELL OWNER:

Doug Crockett

RR#, Street Address, Box #:

6611 W Brook View Cir

City, State, ZIP Code

Wichita

3

LOCATE WELL WITH AN "X" IN SECTION BOX:

N

W

E

S

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

4

DEPTH OF COMPLETED WELL

50

ft.

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

WELL'S STATIC WATER LEVEL.....24.....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.....12.....in. to.....5.....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 well

Was 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 ☐ Other

CASING JOINTS: ☒ Glued ☐ Clamped ☐ Welded ☐ Threaded

Casing diameter.....5.....in. to.....50.....ft., Diameter.....in. to.....ft., Diameter.....in. to.....ft.

Casing height above land surface.....16.....in., Weight.....16.2.....lbs./ft., Wall thickness or gauge No. 24

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.....30.....ft. to.....50.....ft., From.....ft. to.....ft.

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

GRAVEL PACK INTERVALS: From.....24.....ft. to.....50.....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.....4.....ft. to.....24.....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 ☐ Seepage pit ☐ Feedyard ☐ Fertilizer storage ☐ Oil well/gas well

Direction from well.....South.....Distance from well.....17.....

FROM

TO

LITHOLOGIC LOG

FROM

TO

LITHO. LOG (cont.) or PLUGGING INTERVALS

0

2

Top Soil

2

24

Clay

24

50

med Sand

7

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:

This water well was ☒ constructed, ☐ reconstructed, or ☐ plugged under my jurisdiction and was completed on (mo/day/year) 5-22-12 and this record is true to the best of my knowledge and belief.

Kansas Water Well Contractor's License No. 6611 This Water Well Record was completed on (mo/day/year) 6-18-12

under the business name of Chase Drilling by (signature) Chase

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>.