

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources App. No.  

<b>1 LOCATION OF WATER WELL:</b> County: Sedgwick	Fraction 1/4    1/4 SW    1/4 SW    1/4	Section Number 21	Township No. T 26 S	Range Number R 1 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> 4862 N. Emerald Ct. Maize, KS 67101		<b>Global Positioning System (GPS) information:</b> Latitude: ..... (in decimal degrees) Longitude: ..... (in decimal degrees) Elevation: ..... Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27 Collection Method: <input type="checkbox"/> GPS unit (Make/Model: .....) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m		
<b>2 WATER WELL OWNER:</b> Vision Homes RR#, Street Address, Box #: Box 224 City, State, ZIP Code : Colwich, KS 67030				

<b>3 LOCATE WELL WITH AN "X" IN SECTION BOX:</b> <div style="text-align: center;"> </div>	<b>4 DEPTH OF COMPLETED WELL</b> 40 ..... ft. Depth(s) Groundwater Encountered (1) 10 ..... ft. (2) ..... ft. (3) ..... ft. WELL'S STATIC WATER LEVEL 10 ..... ft. below land surface measured on mo/day/yr ..... Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm EST. YIELD 20 ..... gpm. Well water was ..... ft. after ..... hours pumping ..... gpm Bore Hole Diameter 10 ..... in. to 40 ..... ft., and ..... in. to ..... ft. WELL WATER TO BE USED AS: <input type="checkbox"/> Public water supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Injection well <input type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below) <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Domestic-lawn & garden <input type="checkbox"/> Monitoring well Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, mo/day/yr sample was submitted ..... Water well disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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**5 TYPE OF CASING USED:**  Steel     PVC     Other .....

**CASING JOINTS:**  Glued     Clamped     Welded     Threaded

Casing diameter 5 ..... in. to 40 ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
 Casing height above land surface 12 ..... in., Weight 2.5 ..... lbs./ft., Wall thickness or gauge No. SDR26

**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 20 ..... ft. to 40 ..... ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
**GRAVEL PACK INTERVALS:** From 20 ..... ft. to 40 ..... 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 3 ..... ft. to 20 ..... 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 15' .....

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	(0) 3	Topsoil			
3	(3) 10	Clay			
10	(10) 40	Medium Sand			
	(10)				

**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) 01/29/2014 ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 238 ..... This Water Well Record was completed on (mo/day/year) 01/30/2014 ..... under the business name of Premier Pump & Well Service, Inc. .... by (signature) *Monroe Miller*

**INSTRUCTIONS:** Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send one copy 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>