

## WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

County Permit

| <b>1 LOCATION OF WATER WELL:</b><br>County: <u>Sedgwick</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    | Fraction: <u>SE 1/4 SE 1/4 SW 1/4</u> |      | Section Number: <u>2</u> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Township Number: <u>T 26 S</u> |                | Range Number: <u>R 2 E</u> |    |                    |   |   |         |  |  |  |   |    |            |  |  |  |    |    |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |
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| Distance and direction from nearest town or city street address of well if located within city? <u>X</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |                                       |      |                          | <b>Global Positioning Systems</b> (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>Mike White</u><br>RR#, St. Address, Box # : <u>14241 W 70th Cir N</u><br>City, State, ZIP Code : <u>Colwich Ks</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |    |                                       |      |                          | <b>4 DEPTH OF COMPLETED WELL</b> ..... <u>40</u> ft.<br><br>Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.<br>WELL'S STATIC WATER LEVEL..... <u>13</u> ft. below land surface measured on mo/day/yr.....<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 <u>7 Domestic (lawn &amp; garden)</u> 10 Monitoring well ..... |                                |                |                            |    |                    |   |   |         |  |  |  |   |    |            |  |  |  |    |    |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |
| <b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b><br><div style="text-align: center;"> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |                                       |      |                          | 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 .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                |                |                            |    |                    |   |   |         |  |  |  |   |    |            |  |  |  |    |    |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |
| <b>5 TYPE OF CASING USED:</b><br>1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below)<br><u>2 PVC</u> 4 ABS 7 Fiberglass<br>Blank casing diameter ..... <u>5</u> in. to ..... 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>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 <u>3 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>30</u> ft. to ..... <u>40</u> ft., From ..... ft. to ..... ft.<br>GRAVEL PACK INTERVALS: From..... <u>24</u> ft. to ..... <u>40</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>2</u> ft. to <u>13</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><u>2 Sewer lines</u> 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well<br>3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/gas well<br>Direction from well? <u>East</u> How many feet? <u>150</u>                           |                                |                |                            |    |                    |   |   |         |  |  |  |   |    |            |  |  |  |    |    |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>2</td> <td>Topsoil</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td>13</td> <td>Sandy clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>13</td> <td>40</td> <td>Coarse Sand + gravel</td> <td></td> <td></td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>                                                                                                                                                                                                     |    |                                       |      |                          | FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | TO                             | LITHOLOGIC LOG | FROM                       | TO | PLUGGING INTERVALS | 0 | 2 | Topsoil |  |  |  | 2 | 13 | Sandy clay |  |  |  | 13 | 40 | 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>5/8/10</u> and this record is true to the best of my knowledge and belief.<br>Kansas Water Well Contractor's License No. <u>64</u> This Water Well Record was completed on (mo/day/year) <u>5/14/10</u><br>under the business name of <u>Chase Plumbing</u> by (signature) <u>[Signature]</u> |  |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | TO | LITHOLOGIC LOG                        | FROM | TO                       | PLUGGING INTERVALS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                |                            |    |                    |   |   |         |  |  |  |   |    |            |  |  |  |    |    |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 2  | Topsoil                               |      |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                |                |                            |    |                    |   |   |         |  |  |  |   |    |            |  |  |  |    |    |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 13 | Sandy clay                            |      |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                |                |                            |    |                    |   |   |         |  |  |  |   |    |            |  |  |  |    |    |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |
| 13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 40 | Coarse Sand + gravel                  |      |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                |                |                            |    |                    |   |   |         |  |  |  |   |    |            |  |  |  |    |    |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |
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| <b>INSTRUCTIONS:</b> Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> 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> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |                                       |      |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                |                |                            |    |                    |   |   |         |  |  |  |   |    |            |  |  |  |    |    |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |