

WATER WELL RECORD Form WWC-5

☐ Original Record ☒ Correction ☐ Change in Well Use

Division of Water
Resources App. No.

Well ID **MW-9**

1 LOCATION OF WATER WELL:

County: Sedgwick

Fraction

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

Section Number

1

Township Number

T 26 S

Range Number

R 2 ☐ E ☒ W

2 WELL OWNER: Last Name:

Business: Chase Pipeline

Address:

Address: Rural Route 1; Box 173

City: El Dorado

State: KS

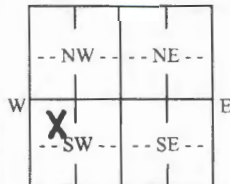
ZIP: 67042

First:

Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: ☐
7400 N 135th St West; Maize KS

3 LOCATE WELL WITH "X" IN SECTION BOX:

N



S

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

4 DEPTH OF COMPLETED WELL: 14 ft.

Depth(s) Groundwater Encountered: 1) 5 ft.

2) _____ ft. 3) _____ ft. or 4) ☐ Dry Well

WELL'S STATIC WATER LEVEL: _____ ft.

☐ below land surface, measured on (mo-day-yr) _____

☐ above land surface, measured on (mo-day-yr) _____

Pump test data: Well water was _____ ft.

after _____ hours pumping _____ gpm

Well water was _____ ft.

after _____ hours pumping _____ gpm

Estimated Yield: _____ gpm

Bore Hole Diameter: 7.25 in. to 14 ft. and

_____ in. to _____ ft.

5 Latitude: 37.815145 (decimal degrees)

Longitude: 97.497061 (decimal degrees)

Horizontal Datum: ☒ WGS 84 ☐ NAD 83 ☐ NAD 27

Source for Latitude/Longitude: Garmin etrex

☒ GPS (unit make/model: _____)

(WAAS enabled? ☐ Yes ☐ No)

☐ Land Survey ☐ Topographic Map

☐ Online Mapper: _____

6 Elevation: _____ ft. ☐ Ground Level ☐ TOC

Source: ☐ Land Survey ☐ GPS ☐ Topographic Map

☐ Other _____

7 WELL WATER TO BE USED AS:

1. Domestic:

☐ Household

☐ Lawn & Garden

☐ Livestock

2. Irrigation

☐ Feedlot

☐ Industrial

5. ☐ Public Water Supply: well ID _____

6. ☐ Dewatering: how many wells? _____

7. ☐ Aquifer Recharge: well ID _____

8. ☒ Monitoring: well ID MW-9

9. Environmental Remediation: well ID _____

☐ Air Sparge ☐ Soil Vapor Extraction

☐ Recovery ☐ Injection

10. ☐ Oil Field Water Supply: lease _____

11. Test Hole: well ID _____

☐ Cased ☐ Uncased ☐ Geotechnical

12. Geothermal: how many bores? _____

a) Closed Loop ☐ Horizontal ☐ Vertical

b) Open Loop ☐ Surface Discharge ☐ Inj. of Water

13. ☐ Other (specify): _____

Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☒ No If yes, date sample was submitted: _____

Water well disinfected? ☐ Yes ☒ No

8 TYPE OF CASING USED: ☐ Steel ☒ PVC ☐ Other _____ CASING JOINTS: ☐ Glued ☐ Clamped ☐ Welded ☒ Threaded

Casing diameter 2 in. to 4 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.

Casing height above land surface 30 in. Weight _____ lbs./ft. Wall thickness or gauge No. sch 40

TYPE OF SCREEN OR PERFORATION MATERIAL:

☐ Steel

☐ Stainless Steel

☐ Fiberglass

☒ PVC

☐ Other (Specify) _____

☐ Brass

☐ Galvanized Steel

☐ Concrete tile

☐ None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

☐ Continuous Slot

☒ Mill Slot

☐ Gauze Wrapped

☐ Torch Cut

☐ Drilled Holes

☐ Other (Specify) _____

☐ Louvered Shutter

☐ Key Punched

☐ Wire Wrapped

☐ Saw Cut

☐ None (Open Hole)

SCREEN-PERFORATED INTERVALS: From 4 ft. to 14 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 3.5 ft. to 14 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

9 GROUT MATERIAL: ☐ Neat cement ☒ Cement grout ☒ Bentonite ☐ Other _____

Grout Intervals: From 2 ft. to 0 ft., From 3.5 ft. to 2 ft., From _____ ft. to _____ ft.

Nearest source of possible contamination:

☐ Septic Tank

☐ Lateral Lines

☐ Pit Privy

☐ Livestock Pens

☐ Insecticide Storage

☐ Sewer Lines

☐ Cess Pool

☐ Sewage Lagoon

☒ Fuel Storage

☐ Abandoned Water Well

☐ Watertight Sewer Lines

☐ Seepage Pit

☐ Feedyard

☐ Fertilizer Storage

☐ Oil Well/Gas Well

☐ Other (Specify) _____

Direction from well? north Distance from well? 260 feet

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

0 3 Dark Brown silty clay

3 4 silty sand traces of clay

4 5.5 very fine sand; silt

5.5 14 medium to coarse sand

Notes: A new abovegrade protector was completed on 8-12-2019 due to damage by farm implements.

11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☐ constructed, ☒ reconstructed, or ☐ plugged under my jurisdiction and was completed on (mo-day-year) 8-12-2019 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) 8-13-2019

under the business name of Below Ground Surface, Inc. Signature Craig K. Kew

Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section,

1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.

Visit us at <http://www.kdheks.gov/waterwell/index.html>

KSA 82a-1212

Revised 7/10/2015

