

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL:		Fraction SE ¼ NW ¼ SW ¼		Section Number 24	Township Number T 27 S R 1 (W)	Range Number 1									
County: Sedgwick				Distance and direction from nearest town or city street address of well if located within city? 3348 West Douglas Ave, Wichita, KS											
2 WATER WELL OWNER: Midway Oil Company – Mark Boswell				Global Positioning System (decimal degrees, min. of 4 digits)											
RR#, St. Address, Box # : 7701 E. Kellogg, Suite 630				Latitude: _____											
City, State, ZIP Code : Wichita, KS 67207				Longitude: _____											
				Elevation: _____											
				Datum: _____											
				Data Collection Method: _____											
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <u>24</u> ft.													
N <table border="1" style="width: 100px; height: 100px; border-collapse: collapse; margin: auto;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td>NW</td><td>X</td><td>NE</td></tr> <tr><td>SW</td><td>SE</td><td> </td></tr> </table> W E S					NW	X	NE	SW	SE		Depth(s) Groundwater Encountered <u>1</u> ~16' ft. <u>2</u> ft. <u>3</u> ft.				
		NW	X	NE											
		SW	SE												
		WELL'S STATIC WATER LEVEL <u>16.26</u> 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															
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well															
1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)															
2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well															
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yr _____															
Sample was submitted _____ Water Well Disinfected? Yes _____ No <u>X</u>															
5 TYPE OF CASING USED:															
1 Steel		3 RMP (SR)		6 Asbestos-Cement		9 Other (specify below)									
2 PVC		4 ABS		7 Fiberglass		CASING JOINTS: Glued _____ Clamped _____									
						Welded _____ Threaded <u>X</u>									
Blank casing diameter <u>2</u> in. to <u>14</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.															
Casing height below land surface <u>4.32</u> in., Weight _____ lbs./ft. Wall thickness or gauge No. <u>Sch. 40 PVC</u>															
TYPE OF SCREEN OR PERFORATION MATERIAL:															
1 Steel		3 Stainless steel		5 Fiberglass		7 PVC									
2 Brass		4 Galvanized steel		6 Concrete tile		8 RM (SR)									
						9 ABS									
						11 Other (specify) _____									
SCREEN OR PERFORATION OPENINGS ARE:															
1 Continuous slot		3 Mill slot		5 Gauge wrapped		7 Torch cut									
2 Louvered shutter		4 Key punched		6 Wire wrapped		8 Saw Cut									
						9 Drilled holes									
						11 None (open hole)									
SCREEN-PERFORATED INTERVALS: From <u>14</u> ft. to <u>24</u> ft. From _____ ft. to _____ ft.															
GRAVEL PACK INTERVALS: From <u>12</u> ft. to <u>25</u> ft. From _____ ft. to _____ ft.															
FROM _____ TO _____ LITHOLOGIC LOG															
FROM _____ TO _____ PLUGGING INTERVALS															
FROM <u>0</u>		TO <u>1</u>		Crushed Rock											
FROM <u>1</u>		TO <u>5</u>		Clay, sandy											
FROM <u>5</u>		TO <u>18</u>		Sand, very fine to fine											
FROM <u>18</u>		TO <u>22</u>		Clay, sandy											
FROM <u>22</u>		TO <u>25</u>		Sand, very fine to medium											
				MW4											
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>12/14/2006</u> and this record is true to the best of my knowledge and belief.															
Kansas Water Well Contractor's License No. <u>594</u> . This Water Well Record was completed on (mo/day/year) <u>02/20/2007</u>															
under the business name of <u>Coranco Great Plains, Inc.</u> by (signature) _____															
INSTRUCTIONS: Please fill in blanks 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 785-296-5222. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell .															

White Copy

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