

# WATER WELL RECORD Form WWC-5

☒ Original Record ☐ Correction ☐ Change in Well Use

Division of Water  
Resources App. No.

Well ID

**1 LOCATION OF WATER WELL:** Fraction NE 1/4 SE 1/4 NE 1/4 Section Number 2 Township Number T 27 S Range Number R 1 ☐ E ☒ W  
County: Sedgewick

**2 WELL OWNER:** Last Name: Magno First: Jose 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: ☒  
Business: 4109 W Emerald Bay  
Address: Wichita State: Ks ZIP:

**3 LOCATE WELL WITH "X" IN SECTION BOX:**

|    |    |
|----|----|
| NW | NE |
| SW | SE |

X is in the NE section.

**4 DEPTH OF COMPLETED WELL:** 50 ft.  
Depth(s) Groundwater Encountered: 1) ..... ft. 2) ..... ft. 3) ..... ft., or 4) ☐ Dry Well  
WELL'S STATIC WATER LEVEL: 14 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: 1.2 in. to ..... ft. and ..... in. to ..... ft.

**5 Latitude:** ..... (decimal degrees)  
**Longitude:** ..... (decimal degrees)  
Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27  
Source for Latitude/Longitude:  
☐ 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  
3. ☐ Feedlot  
4. ☐ Industrial

5. ☐ Public Water Supply: well ID .....  
6. ☐ Dewatering: how many wells? .....  
7. ☐ Aquifer Recharge: well ID .....  
8. ☐ Monitoring: well ID .....  
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 5 in. to 50 ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
Casing height above land surface 16 in. Weight 160 lbs./ft. Wall thickness or gauge No. 24

**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 40 ft. to 50 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.

**9 GROUT MATERIAL:** ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other .....  
Grout Intervals: From 4 ft. to 24 ft., From ..... ft. to ..... 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? West Distance from well? 35' ft.

| 10 FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHO. LOG (cont.) or PLUGGING INTERVALS |
|---------|----|----------------|------|----|------------------------------------------|
| 0       | 2  | topsoil        |      |    |                                          |
| 2       | 11 | clay fine sand |      |    |                                          |
| 11      | 22 | med fine sand  |      |    |                                          |
| 22      | 50 | med sand       |      |    |                                          |

**Notes:**

**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) 7/25/13 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) 7/10/13  
under the business name of Chase Drilling

INSTRUCTIONS: Send one copy to WATER WELL OWNER and retain one copy for your records. Submit fee of \$5.00 for each constructed well along with one (white) 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) 296-3565.