

# WATER WELL RECORD Form WWC-5

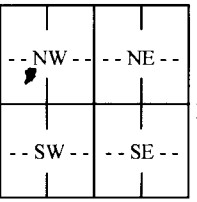
☒ Original Record ☐ Correction ☐ Change in Well Use

Division of Water  
Resources App. No.

Well ID

|                                                         |  |                                             |                            |                                  |                                                                                                                        |
|---------------------------------------------------------|--|---------------------------------------------|----------------------------|----------------------------------|------------------------------------------------------------------------------------------------------------------------|
| 1 LOCATION OF WATER WELL:<br>County: <u>Leavenworth</u> |  | Fraction<br><u>1/4 NE 1/4 SW 1/4 NW 1/4</u> | Section Number<br><u>9</u> | Township Number<br><u>T 27 S</u> | Range Number<br><u>R 1 E</u> <input checked="" type="checkbox"/> <u>2</u> <input checked="" type="checkbox"/> <u>W</u> |
|---------------------------------------------------------|--|---------------------------------------------|----------------------------|----------------------------------|------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                            |  |                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2 WELL OWNER: Last Name: <u>Guymond</u> First: <u>Edward</u><br>Business:<br>Address: <u>1928 N Evergreen Dr</u><br>Address:<br>City: <u>Wichita</u> State: <u>Ko</u> ZIP: |  | 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: <input checked="" type="checkbox"/> |
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|                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| 3 LOCATE WELL WITH "X" IN SECTION BOX:<br>N<br><br>W<br>E<br>S<br> -----1 mile----- | 4 DEPTH OF COMPLETED WELL: <u>60</u> ft.<br>Depth(s) Groundwater Encountered: 1) ..... ft.<br>2) ..... ft. 3) ..... ft., or 4) <input type="checkbox"/> Dry Well<br>WELL'S STATIC WATER LEVEL: <u>25</u> ft.<br><input type="checkbox"/> below land surface, measured on (mo-day-yr) .....<br><input type="checkbox"/> above land surface, measured on (mo-day-yr) .....<br>Pump test data: Well water was ..... ft.<br>after ..... hours pumping ..... gpm<br>Well water was ..... ft.<br>after ..... hours pumping ..... gpm<br>Estimated Yield: ..... gpm<br>Bore Hole Diameter: <u>12</u> in. to ..... ft. and<br>..... in. to ..... ft. | 5 Latitude: ..... (decimal degrees)<br>Longitude: ..... (decimal degrees)<br>Datum: <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27<br>Source for Latitude/Longitude:<br><input type="checkbox"/> GPS (unit make/model: .....)<br>(WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No)<br><input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map<br><input type="checkbox"/> Online Mapper: ..... |
|                                                                                                                                                                     | 6 Elevation: ..... ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC<br>Source: <input type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map<br><input type="checkbox"/> Other .....                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

|                                                                                                                                               |                                                                                    |                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| 7 WELL WATER TO BE USED AS:                                                                                                                   |                                                                                    |                                                                                                       |
| 1. Domestic:<br><input type="checkbox"/> Household<br><input checked="" type="checkbox"/> Lawn & Garden<br><input type="checkbox"/> Livestock | 2. <input type="checkbox"/> Irrigation                                             | 3. <input type="checkbox"/> Feedlot                                                                   |
| 4. <input type="checkbox"/> Industrial                                                                                                        | 5. <input type="checkbox"/> Public Water Supply: well ID .....                     | 6. <input type="checkbox"/> Dewatering: how many wells? .....                                         |
|                                                                                                                                               | 7. <input type="checkbox"/> Aquifer Recharge: well ID .....                        | 8. <input type="checkbox"/> Monitoring: well ID .....                                                 |
|                                                                                                                                               | 9. Environmental Remediation: well ID .....                                        | 10. <input type="checkbox"/> Oil Field Water Supply: lease .....                                      |
|                                                                                                                                               | <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction | 11. Test Hole: well ID .....                                                                          |
|                                                                                                                                               | <input type="checkbox"/> Recovery <input type="checkbox"/> Injection               | <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical |
|                                                                                                                                               |                                                                                    | 12. Geothermal: how many bores? .....                                                                 |
|                                                                                                                                               |                                                                                    | a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical                  |
|                                                                                                                                               |                                                                                    | b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water        |
|                                                                                                                                               |                                                                                    | 13. <input type="checkbox"/> 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 60 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. 26

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 50 ft. to 60 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From 24 ft. to 60 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? South Distance from well? 30' ft.

| 10 FROM   | TO        | LITHOLOGIC LOG    | FROM | TO | LITHO. LOG (cont.) or PLUGGING INTERVALS |
|-----------|-----------|-------------------|------|----|------------------------------------------|
| <u>0</u>  | <u>4</u>  | <u>TOP soil</u>   |      |    |                                          |
| <u>4</u>  | <u>16</u> | <u>clay</u>       |      |    |                                          |
| <u>16</u> | <u>29</u> | <u>sandy clay</u> |      |    |                                          |
| <u>29</u> | <u>60</u> | <u>med. Sand</u>  |      |    |                                          |
|           |           |                   |      |    |                                          |
|           |           |                   |      |    |                                          |
|           |           |                   |      |    |                                          |
|           |           |                   |      |    |                                          |
|           |           |                   |      |    |                                          |

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) 8/28/13 and this record is true to the best of my knowledge and belief.

Kansas Water Well Contractor's License No. 64 This Water Well Record was completed on (mo-day-year) 9/17/13 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.

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

KSA 82a-1212

Revised 9/10/2012