

WATER WELL RECORD

Form WWC-5

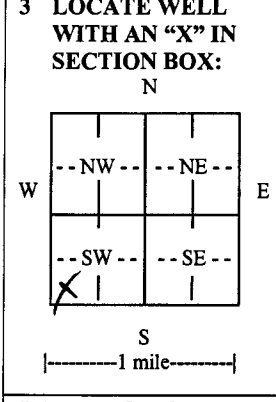
Division of Water Resources App. No.

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|---|--|-----------------------------|-------------------------------|--|
| 1 LOCATION OF WATER WELL: County: Sedgwick | Fraction SW ¼ SW ¼ SW ¼ SW ¼ | Section Number 30 | Township No. T 27 S | Range Number R 01 <input type="checkbox"/> E <input checked="" type="checkbox"/> W |
|---|--|-----------------------------|-------------------------------|--|

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here .
**10318 W Maple
Wichita, KS 67209**

Global Positioning System (GPS) information:
Latitude: **37.67955**..... (in decimal degrees)
Longitude: **97.46206**..... (in decimal degrees)
Elevation: **1318.64**.....
Datum: WGS 84, NAD 83, NAD 27
Collection Method:
 GPS unit (Make/Model:)
 Digital Map/Photo, Topographic Map, Land Survey
Est. Accuracy: <3 m, 3-5 m, 5-15 m, >15 m

2 WATER WELL OWNER: **Jay Johnson**
RR#, Street Address, Box #: **10318 W Maple**
City, State, ZIP Code : **Wichita, KS 67209**



4 DEPTH OF COMPLETED WELL **17**..... ft.
Depth(s) Groundwater Encountered (1) **9**..... ft. (2)..... ft. (3)..... ft.
WELL'S STATIC WATER LEVEL **8.98**..... ft. below land surface measured on mo/day/yr. **4/23/15**.....
Pump test data: Well water was..... ft. after..... hours pumping..... gpm
EST. YIELD..... gpm. Well water was..... ft. after..... hours pumping..... gpm
Bore Hole Diameter **10.25**..... in. to ft., and in. to ft.
WELL WATER TO BE USED AS: Public water supply Geothermal Injection well
 Domestic Feedlot Oil field water supply Dewatering Other (Specify below) **Extraction Well**
 Irrigation Industrial Domestic-lawn & garden Monitoring well
Was a chemical/bacteriological sample submitted to Department? Yes No
If yes, mo/day/yr sample was submitted. **4/23/15**.....
Water well disinfected? Yes No

5 TYPE OF CASING USED: Steel PVC Other.....
CASING JOINTS: Glued Clamped Welded Threaded
Casing diameter **4**..... in. to **17**..... ft., Diameter in. to ft., Diameter in. to ft.
Casing height above land surface **-0.33**..... in., Weight lbs./ft., Wall thickness or gauge No. **Schedule 40**.....
TYPE OF SCREEN OR PERFORATION MATERIAL:
 Steel Stainless Steel PVC Other (Specify)
 Brass Galvanized Steel None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:
 Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole)
 Louvered shutter Key punched Wire wrapped Saw cut Other (specify)
SCREEN-PERFORATED INTERVALS: From **7**..... ft. to **17**..... ft., From ft. to ft.
From ft. to ft., From ft. to ft.
GRAVEL PACK INTERVALS: From **5**..... ft. to **17**..... ft., From ft. to ft.
From ft. to ft., From ft. to ft.

6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other.....
Grout Intervals: From **1**..... ft. to **5**..... ft., From ft. to ft., From ft. to ft.
What is the nearest source of possible contamination:
 Septic tank Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below) **LUST Site**
 Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well
 Watertight sewer lines Seepage pit Feedyard Fertilizer storage Oil well/gas well
Direction from well Distance from well

| FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHO. LOG (cont.) or PLUGGING INTERVALS |
|------|----|---------------------------|------|----|--|
| 0 | 1 | Concrete | | | |
| 1 | 11 | Clay with silt brown / CL | | | |
| 11 | 12 | Clay with silt grey / CL | | | SVE1 |
| 12 | 15 | Sand, grey / SW | | | KDHE ID# 0051493 |
| 15 | 17 | Sand, brown / SW | | | |
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) **4/16/2015**..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **594**..... This Water Well Record was completed on (mo/day/year) **5/26/2015**..... under the business name of **Coranco Great Plains, Inc**..... by (signature) *[Signature]*

INSTRUCTIONS: Use typewriter or ball point pen. **PLEASE PRESS FIRMLY** and **PRINT** clearly. Please fill in blanks and check the correct answers. Send one copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>