

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: County: Sedgwick | | Fraction ¼ SE ¼ SW ¼ SE ¼ | Section Number 25 | Township Number T 27 S | Range Number R 1 <input type="checkbox"/> E <input checked="" type="checkbox"/> W | | | | | | | | | | | | | | | | |
| 2 WELL OWNER: Last Name: Globe Engineering Business: Globe Engineering Address: 1539 St. Paul Street Address: City: Wichita State: KS ZIP: 67213 | | 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"/> | | | | | | | | | | | | | | | | | | | |
| 3 LOCATE WELL WITH "X" IN SECTION BOX: N <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table> S 1 mile | | | | | | | | | | | | | | | | | 4 DEPTH OF COMPLETED WELL: 12 ft. Depth(s) Groundwater Encountered: 1) ft. 2) ft. 3) ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: NA ft. <input type="checkbox"/> below land surface, measured on (mo-day-yr)..... <input type="checkbox"/> 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: 8.25 in. to 12 ft. and in. to ft. | 5 Latitude: NA (decimal degrees) Longitude: NA (decimal degrees) Horizontal Datum: <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 Source for Latitude/Longitude: <input type="checkbox"/> GPS (unit make/model:) (WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Online Mapper: | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | | | | | | | | | | | | |
| 1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock | | 5. <input type="checkbox"/> Public Water Supply: well ID | | 10. <input type="checkbox"/> Oil Field Water Supply: lease | | | | | | | | | | | | | | | | | |
| 2. <input type="checkbox"/> Irrigation | | 6. <input type="checkbox"/> Dewatering: how many wells? | | 11. Test Hole: well ID | | | | | | | | | | | | | | | | | |
| 3. <input type="checkbox"/> Feedlot | | 7. <input type="checkbox"/> Aquifer Recharge: well ID | | <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical | | | | | | | | | | | | | | | | | |
| 4. <input type="checkbox"/> Industrial | | 8. <input type="checkbox"/> Monitoring: well ID | | 12. Geothermal: how many bores? | | | | | | | | | | | | | | | | | |
| | | 9. Environmental Remediation: well ID SVE-2 <input type="checkbox"/> Air Sparge <input checked="" type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection | | 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, date sample was submitted: | | | | | | | | | | | | | | | | | | | | | |
| Water well disinfected? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | |
| 8 TYPE OF CASING USED: <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other CASING JOINTS: <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Threaded | | | | | | | | | | | | | | | | | | | | | |
| Casing diameter 2 in. to 4 in. Diameter in. to ft. Diameter in. to ft. | | | | | | | | | | | | | | | | | | | | | |
| Casing height above land surface 0 in. Weight lbs./ft. Wall thickness or gauge No. sch 40 | | | | | | | | | | | | | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Concrete tile <input type="checkbox"/> None used (open hole) | | | | | | | | | | | | | | | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: <input type="checkbox"/> Continuous Slot <input checked="" type="checkbox"/> Mill Slot <input type="checkbox"/> Gauze Wrapped <input type="checkbox"/> Torch Cut <input type="checkbox"/> Drilled Holes <input type="checkbox"/> Other (Specify) | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Louvered Shutter <input type="checkbox"/> Key Punched <input type="checkbox"/> Wire Wrapped <input type="checkbox"/> Saw Cut <input type="checkbox"/> None (Open Hole) | | | | | | | | | | | | | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From 4 ft. to 12 ft., From ft. to ft., From ft. to ft. | | | | | | | | | | | | | | | | | | | | | |
| GRAVEL PACK INTERVALS: From 2 ft. to 12 ft., From ft. to ft., From ft. to ft. | | | | | | | | | | | | | | | | | | | | | |
| 9 GROUT MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other | | | | | | | | | | | | | | | | | | | | | |
| Grout Intervals: From 0 ft. to 2 ft., From ft. to ft., From ft. to ft. | | | | | | | | | | | | | | | | | | | | | |
| Nearest source of possible contamination: <input type="checkbox"/> Septic Tank <input type="checkbox"/> Lateral Lines <input type="checkbox"/> Pit Privy <input type="checkbox"/> Livestock Pens <input type="checkbox"/> Insecticide Storage <input type="checkbox"/> Sewer Lines <input type="checkbox"/> Cess Pool <input type="checkbox"/> Sewage Lagoon <input type="checkbox"/> Fuel Storage <input type="checkbox"/> Abandoned Water Well <input type="checkbox"/> Watertight Sewer Lines <input type="checkbox"/> Seepage Pit <input type="checkbox"/> Feedyard <input type="checkbox"/> Fertilizer Storage <input type="checkbox"/> Oil Well/Gas Well <input type="checkbox"/> Other (Specify) | | | | | | | | | | | | | | | | | | | | | |
| Direction from well? Distance from well? ft. | | | | | | | | | | | | | | | | | | | | | |
| 10 FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHO. LOG (cont.) or PLUGGING INTERVALS | | | | | | | | | | | | | | | | |
| 0 | 6" | Concrete | | | | | | | | | | | | | | | | | | | |
| 6" | 6' | Clay, brown, sl silty, sl soft, moist | | | | | | | | | | | | | | | | | | | |
| 6' | 7' | Clay, brown, firm, moist, plastic | | | | | | | | | | | | | | | | | | | |
| 7' | 9' | Clay, dk brown, silty, sl moist, carbonate nodules | | | | | | | | | | | | | | | | | | | |
| 9' | 12' | Clay, light gray-red brown, mottled, very silty, soft, moist | | | | | | | | | | | | | | | | | | | |
| Notes: | | | | | | | | | | | | | | | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo-day-year) 5/3/16 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 694 This Water Well Record was completed on (mo-day-year) 5/19/16 under the business name of Environmental Priority Service, Inc. Signature [Signature] | | | | | | | | | | | | | | | | | | | | | |

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