

SW NE NW

WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No.

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: SEDGWICK		NW $\frac{1}{4}$ SE $\frac{1}{4}$ SW $\frac{1}{4}$	25	T 27S S	R 2W EW
Distance and direction from nearest town or city street address of well if located within city? 355 S. LIMUEL; WICHITA					
2 WATER WELL OWNER: DAVID HOGAN					
RR#, St. Address, Box #: 355 S. LIMUEL			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code: WICHITA, KS			Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 65 ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1 24 ft. 2 _____ ft. 3 _____ ft.			
		WELL'S STATIC WATER LEVEL 24 ft. below land surface measured on mo/day/yr 10/15/04			
		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 in. to 65 ft. and _____ in. to _____ ft.			
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 <u>Lawn and garden (domestic)</u> 10 Monitoring well					
Was a chemical/bacteriological sample submitted to Department? Yes _____ No X If yes, mo/day/yr sample was submitted					
Water Well Disinfected? Yes X No					
5 TYPE OF BLANK CASING USED:					
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued X Clamped					
2 <u>PVC</u> 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____					
7 Fiberglass _____ Threaded _____					
Blank casing diameter 5 in. to 65 ft., Dia _____ in. to _____ ft., Dia _____ 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:					
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement					
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____					
12 None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot 3 <u>Mill slot</u> 5 Gauzed wrapped 8 Saw cut 11 None (open hole)					
2 Louvered shutter 4 <u>Key punched</u> 6 Wire wrapped 9 Drilled holes					
7 Torch cut 10 Other (specify) _____					
SCREEN-PERFORATED INTERVALS: From 35 ft. to 65 ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From 24 ft. to 65 ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 <u>Bentonite</u> 4 Other _____					
Grout Intervals From 4 ft. to 24 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well					
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/ Gas well					
3 <u>Watertight sewer lines</u> 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) _____					
13 Insecticide storage					
Direction from well? WEST How many feet? 117					
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO
0	2		TOPSOIL		
2	18		BROWN CLAY		
18	31		FINE/MED SAND/GRAVEL		
31	36		TAN CLAY		
36	45		MED/COARSE SAND		
45	56		TAN CLAY		
56	61		MED/COARSE SAND		
61	65		GREEN SHALE		
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/yr) 10/15/04 and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. 611 This Water Well Record was completed on (mo/day/yr) 11/8/04					
under the business name of CHASE DRILLING by (signature) <u>R. Chase</u>					
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					

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