

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: <u>Sedgwick</u> Fraction <u>NE 1/4 NE 1/4 SE 1/4</u> Distance and direction from nearest town or city street address of well if located within city? <u>12102 W Jewell ct</u>		Section Number <u>36</u> Township Number <u>T 270</u> Range Number <u>R 2 E</u>																																																															
2 WATER WELL OWNER: <u>Cindy Smed</u> RR#, St. Address, Box # : <u>12102 W Jewell ct</u> City, State, ZIP Code : <u>Wichita, Ks</u>		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____																																																															
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N E <table border="1" style="margin: auto; text-align: center; width: 100px;"> <tr> <td>-- NW --</td> <td>-- NE --</td> </tr> <tr> <td style="text-align: right;">W</td> <td style="text-align: left;">E</td> </tr> <tr> <td>-- SW --</td> <td>-- SE --</td> </tr> <tr> <td colspan="2" style="text-align: center;">S</td> </tr> </table>	-- NW --	-- NE --	W	E	-- SW --	-- SE --	S		4 DEPTH OF COMPLETED WELL <u>140</u> ft. Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL <u>28'</u> ft. below land surface measured on mo/day/yr. <u>9-28-07</u> Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 <u>Domestic (lawn & garden)</u> 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yr Sample was submitted _____ Water well disinfected? Yes <u>X</u> No _____																																																								
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5 TYPE OF CASING USED: 1 Steel <u>2 PVC</u> 3 RMP (SR) 4 ABS 5 Wrought Iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) 10 Asbestos-Cement CASING JOINTS: Glued <u>X</u> Clamped _____ Welded _____ Threaded _____ Blank casing diameter <u>5</u> in. to <u>140</u> ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface <u>16</u> in., Weight <u>160</u> lbs./ft. Wall thickness or guage No. <u>26</u> TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 2 Brass 3 Stainless Steel 4 Galvanized Steel 5 Fiberglass 6 Concrete tile <u>7 PVC</u> 8 RM (SR) 9 ABS 10 Asbestos-Cement 11 Other (Specify) _____ 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 2 Louvered shutter 3 <u>Mill slot</u> 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw Cut 9 Drilled holes 10 Other (specify) _____ 11 None (open hole) SCREEN-PERFORATED INTERVALS: From <u>120</u> ft. to <u>140</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>24</u> ft. to <u>140</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.																																																																	
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other _____ Grout Intervals: From <u>4</u> ft. to <u>24</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. What is the nearest source of possible contamination: 1 Septic tank 2 Sewer lines <u>3 Watertight sewer lines</u> 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer Storage 13 Insecticide Storage 14 Abandoned water well below 15 Oil well/gas well 16 Other (specify) _____ Direction from well? <u>North</u> How many feet? <u>37'</u>																																																																	
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1) constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>9-28-07</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>611</u> This Water Well Record was completed on (mo/day/year) <u>10-15-07</u> under the business name of <u>Chase Drilling</u> by (signature) <u>W Chase</u>																																																																	
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html .																																																																	