

## WATER WELL RECORD

## Form WWC-5

Division of Water Resources; App. No.

| <b>1 LOCATION OF WATER WELL:</b><br>County: <u>Sedgwick</u><br>Distance and direction from nearest town or city street address of well if located within city? <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    | Fraction <u>SE 1/4 SW 1/4 NE 1/4</u><br>Section Number <u>24</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      | Township Number <u>T S27</u><br>Range Number <u>R 2 E/W</u> |                    |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |          |  |  |  |    |    |               |  |  |  |    |    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>2 WATER WELL OWNER:</b><br>RR#, St. Address, Box # : <u>432 N. Tagg Ct.</u><br>City, State, ZIP Code : <u>Wichita KS</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    | <b>Global Positioning Systems</b> (decimal degrees, min. of 4 digits)<br>Latitude: _____<br>Longitude: _____<br>Elevation: _____<br>Datum: _____<br>Data Collection Method: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |                                                             |                    |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |          |  |  |  |    |    |               |  |  |  |    |    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b><br><div style="text-align: center;"> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    | <b>4 DEPTH OF COMPLETED WELL</b> <u>80</u> ft.<br>Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.<br>WELL'S STATIC WATER LEVEL..... <u>27</u> ft. below land surface measured on mo/day/yr.....<br>Pump test data: Well water was.....ft. after..... hours pumping..... gpm<br>Est. Yield.....gpm: Well water was.....ft. after..... hours pumping..... gpm<br>WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well<br>1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)<br>2 Irrigation 4 Industrial <u>7 Domestic (lawn &amp; garden)</u> 10 Monitoring well<br>Was a chemical/bacteriological sample submitted to Department? Yes ..... No <u>X</u> .....; If yes, mo/day/yr<br>Sample was submitted..... Water well disinfected? Yes <u>X</u> ..... No .....                                                                                                                                                                                                                                              |      |                                                             |                    |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |          |  |  |  |    |    |               |  |  |  |    |    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>5 TYPE OF CASING USED:</b><br>1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below)<br><u>2 PVC</u> 4 ABS 7 Fiberglass<br>Blank casing diameter <u>5</u> in. to <u>80</u> ft., Diameter..... in. to ..... ft., Diameter..... in. to ..... ft.<br>Casing height above land surface..... <u>16</u> in., Weight <u>160</u> lbs./ft. Wall thickness or guage No. <u>26</u><br>TYPE OF SCREEN OR PERFORATION MATERIAL:<br>1 Steel 3 Stainless Steel 5 Fiberglass <u>7 PVC</u> 9 ABS 11 Other (Specify) .....<br>2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)<br>SCREEN OR PERFORATION OPENINGS ARE:<br>1 Continuous slot <u>3 Mill slot</u> 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)<br>2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw cut 10 Other (specify) .....<br>SCREEN-PERFORATED INTERVALS: From..... <u>70</u> ft. to <u>80</u> ft., From..... ft. to ..... ft.<br>GRAVEL PACK INTERVALS: From..... <u>24</u> ft. to <u>80</u> ft., From..... ft. to ..... ft. |    | CASING JOINTS: Glued <u>X</u> ..... Clamped.....<br>Welded.....<br>Threaded.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |                                                             |                    |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |          |  |  |  |    |    |               |  |  |  |    |    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>6 GROUT MATERIAL:</b> 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other .....<br>Grout Intervals: From..... <u>4</u> ft. to <u>24</u> ft., From..... ft. to ..... ft., From..... ft. to ..... ft.<br>What is the nearest source of possible contamination:<br>1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide storage 16 Other (specify below)<br><u>2 Sewer lines</u> 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well<br><u>3 Watertight sewer lines</u> 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/gas well<br>Direction from well? <u>South</u> How many feet? <u>100'</u>                                                                                                                                                                                                                                                                                                                                                                                                           |    | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>4</td> <td>Top Soil</td> <td></td> <td></td> <td></td> </tr> <tr> <td>4</td> <td>18</td> <td>Clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>18</td> <td>37</td> <td>med Sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>37</td> <td>68</td> <td>med Fine Sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>68</td> <td>80</td> <td>med coarse Sand</td> <td></td> <td></td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> |      |                                                             |                    | FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS | 0 | 4 | Top Soil |  |  |  | 4 | 18 | Clay |  |  |  | 18 | 37 | med Sand |  |  |  | 37 | 68 | med Fine Sand |  |  |  | 68 | 80 | med coarse Sand |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | TO | LITHOLOGIC LOG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | FROM | TO                                                          | PLUGGING INTERVALS |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |          |  |  |  |    |    |               |  |  |  |    |    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4  | Top Soil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                             |                    |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |          |  |  |  |    |    |               |  |  |  |    |    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 18 | Clay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |                                                             |                    |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |          |  |  |  |    |    |               |  |  |  |    |    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 37 | med Sand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                             |                    |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |          |  |  |  |    |    |               |  |  |  |    |    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 37                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 68 | med Fine Sand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |                                                             |                    |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |          |  |  |  |    |    |               |  |  |  |    |    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 68                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 80 | med coarse Sand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |                                                             |                    |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |          |  |  |  |    |    |               |  |  |  |    |    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>9/7/09</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>644</u> This Water Well Record was completed on (mo/day/year) <u>9/20/09</u> under the business name of <u>Chase Pulling</u> by (signature)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |                                                             |                    |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |          |  |  |  |    |    |               |  |  |  |    |    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>INSTRUCTIONS:</b> 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 <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |                                                             |                    |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |          |  |  |  |    |    |               |  |  |  |    |    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |