

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: Sedgewick Fraction SE 1/4 NW 1/4 NW 1/4 SE 1/4 Section Number 36 Township Number T 27 S Range Number R 2 E W

2 WELL OWNER: Last Name: Supasby First: John
 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:
 Business Address: 2042 S. Wheatland
 City: Wichita State: Ko ZIP: 67218

3 LOCATE WELL WITH "X" IN SECTION BOX:

NW	NE
SW	SE

X

4 DEPTH OF COMPLETED WELL: 120 ft.
 Depth(s) Groundwater Encountered: 1) 41 ft. 2) _____ ft. 3) _____ ft. or 4) Dry Well
 WELL'S STATIC WATER LEVEL: 41 ft.
 below land surface, measured on (mo-day-yr) _____
 above land surface, measured on (mo-day-yr) 10-23-15
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Well water was _____ ft. after _____ hours pumping _____ gpm
 Estimated Yield: 2.5 gpm
 Bore Hole Diameter: 12 in. to 120 ft. and _____ in. to _____ ft.

5 Latitude: 37.6560402 (decimal degrees)
Longitude: 97.48765016 (decimal degrees)
 Horizontal Datum: WGS 84 NAD 83 NAD 27
 Source for Latitude/Longitude:
 GPS (unit make/model: _____) (WAAS enabled? Yes No)
 Land Survey Topographic Map
 Online Mapper: _____

6 Elevation: _____ ft. Ground Level TOC
 Source: Land Survey GPS Topographic Map
 Other _____

7 WELL WATER TO BE USED AS:

1. Domestic: Household Lawn & Garden Livestock
 2. Irrigation
 3. Feedlot
 4. Industrial

5. Public Water Supply: well ID _____
 6. Dewatering: how many wells? _____
 7. Aquifer Recharge: well ID _____
 8. Monitoring: well ID _____
 9. Environmental Remediation: well ID _____
 Air Sparge Soil Vapor Extraction
 Recovery Injection

10. Oil Field Water Supply: lease _____
 11. Test Hole: well ID _____
 Cased Uncased Geotechnical
 12. Geothermal: how many bores? _____
 a) Closed Loop Horizontal Vertical
 b) Open Loop Surface Discharge Inj. of Water
 13. Other (specify): _____

Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted: _____
 Water well disinfected? Yes No

8 TYPE OF CASING USED: Steel PVC Other _____ CASING JOINTS: Glued Clamped Welded Threaded
 Casing diameter 5 in. to 120 ft. Diameter _____ in. to _____ ft. Diameter _____ in. to _____ ft.
 Casing height above land surface 12 in. Weight _____ lbs./ft. Wall thickness or gauge No. 26
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 Steel Stainless Steel Fiberglass PVC Other (Specify) _____
 Brass Galvanized Steel Concrete tile None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE:
 Continuous Slot Mill Slot Gauze Wrapped Torch Cut Drilled Holes Other (Specify) _____
 Louvered Shutter Key Punched Wire Wrapped Saw Cut None (Open Hole)
 SCREEN-PERFORATED INTERVALS: From 80 ft. to 120 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 24 ft. to 120 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other _____
 Grout intervals: From 4 ft. to 24 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 Nearest source of possible contamination:
 Septic Tank Lateral Lines Pit Privy Livestock Pens Insecticide Storage
 Sewer Lines Cess Pool Sewage Lagoon Fuel Storage Abandoned Water Well
 Watertight Sewer Lines Seepage Pit Feedyard Fertilizer Storage Oil Well/Gas Well
 Other (Specify) _____
 Direction from well? North Distance from well? 100 ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	Topsoil			
2	33	Clay			
33	38	fine sand			
38	51	clay			
51	120	Shale			
Notes:					

11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year) 10/23/15 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 666. This Water Well Record was completed on (mo-day-year) 11/20/15 under the business name of Chase Welling. 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.