

# WATER WELL RECORD Form WWC-5

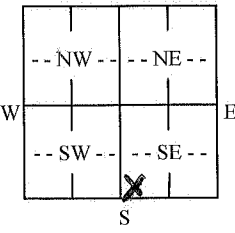
☒ Original Record ☐ Correction ☐ Change in Well Use

Division of Water  
Resources App. No.

Well ID

|                                  |  |                                 |                |                 |                                                           |
|----------------------------------|--|---------------------------------|----------------|-----------------|-----------------------------------------------------------|
| <b>1 LOCATION OF WATER WELL:</b> |  | Fraction                        | Section Number | Township Number | Range Number                                              |
| County: <u>Sedgwick</u>          |  | <u>1/4 SW 1/4 SW 1/4 SE 1/4</u> | <u>28</u>      | <u>T 27 S</u>   | <u>R 3 E</u> <input checked="" type="checkbox"/> <u>W</u> |

|                                                                                                                    |  |                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2 WELL OWNER:</b> Last Name: <u>Weber</u> First: <u>Jim</u>                                                     |  | 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 type="checkbox"/> |
| Business:<br>Address: <u>26808 W. Harry ST.</u><br>Address: <u>Garden Plain</u> State: <u>KS</u> ZIP: <u>67050</u> |  | <u>Garden Plain 90 EAST on W. Harry ST</u><br><u>1/2 miles To Address on N. Side</u>                                                                                              |

|                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b><br> | <b>4 DEPTH OF COMPLETED WELL:</b> <u>52</u> ft.<br>Depth(s) Groundwater Encountered: 1) ..... ft.<br>2) ..... ft. 3) ..... ft., or 4) <input type="checkbox"/> Dry Well<br>WELL'S STATIC WATER LEVEL: ..... ft.<br><input type="checkbox"/> below land surface, measured on (mo-day-yr) .....<br><input checked="" type="checkbox"/> above land surface, measured on (mo-day-yr) <u>12-18-13</u><br>Pump test data: Well water was ..... ft.<br>after ..... hours pumping ..... gpm<br>Well water was ..... ft.<br>after ..... hours pumping ..... gpm<br>Estimated Yield: ..... gpm<br>Bore Hole Diameter: <u>10 3/8</u> in. to <u>52</u> ft. and<br>..... in. to ..... ft. | <b>5 Latitude:</b> ..... (decimal degrees)<br><b>Longitude:</b> ..... (decimal degrees)<br>Datum: <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27<br>Source for Latitude/Longitude:<br><input type="checkbox"/> GPS (unit make/model: .....)<br>(WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No)<br><input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map<br><input type="checkbox"/> Online Mapper: ..... |
|                                                                                                                                   | <b>6 Elevation:</b> ..... ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC<br>Source: <input type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map<br><input type="checkbox"/> Other .....                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

**7 WELL WATER TO BE USED AS:**

|                                                                                                                                               |                                        |                                     |                                        |                                                                |                                                               |                                                             |                                                       |                                             |                                                                  |                              |                                       |                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------|----------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------|------------------------------------------------------------------|------------------------------|---------------------------------------|-----------------------------------------------------|
| 1. Domestic:<br><input type="checkbox"/> Household<br><input type="checkbox"/> Lawn & Garden<br><input checked="" type="checkbox"/> Livestock | 2. <input type="checkbox"/> Irrigation | 3. <input type="checkbox"/> Feedlot | 4. <input type="checkbox"/> Industrial | 5. <input type="checkbox"/> Public Water Supply: well ID ..... | 6. <input type="checkbox"/> Dewatering: how many wells? ..... | 7. <input type="checkbox"/> Aquifer Recharge: well ID ..... | 8. <input type="checkbox"/> Monitoring: well ID ..... | 9. Environmental Remediation: well ID ..... | 10. <input type="checkbox"/> Oil Field Water Supply: lease ..... | 11. Test Hole: well ID ..... | 12. Geothermal: how many bores? ..... | 13. <input type="checkbox"/> 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 32 ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.

Casing height above land surface 24 in. Weight 160 lbs./ft. Wall thickness or gauge No. ....

**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 52 ft. to 32 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**GRAVEL PACK INTERVALS:** From 52 ft. to 20 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**9 GROUT MATERIAL:** ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other .....  
 Grout Intervals: From 20 ft. to 0 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? 999 Distance from well? 999 ft.

| 10 FROM   | TO        | LITHOLOGIC LOG     | FROM | TO | LITHO. LOG (cont.) or PLUGGING INTERVALS |
|-----------|-----------|--------------------|------|----|------------------------------------------|
| <u>0</u>  | <u>12</u> | <u>Top Soil</u>    |      |    |                                          |
| <u>12</u> | <u>20</u> | <u>Fine Sand</u>   |      |    |                                          |
| <u>20</u> | <u>40</u> | <u>Coarse Sand</u> |      |    |                                          |
| <u>40</u> | <u>50</u> | <u>Red Shale</u>   |      |    |                                          |
|           |           |                    |      |    |                                          |
|           |           |                    |      |    |                                          |
|           |           |                    |      |    |                                          |
|           |           |                    |      |    |                                          |

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) 12-18-13 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 672 This Water Well Record was completed on (mo-day-year) 12-24-13 under the business name of Crowdis Water Well Serv.