

**WATER WELL RECORD**

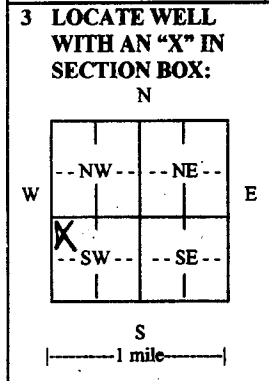
**Form WWC-5**

Division of Water Resources App. No.  

<b>1 LOCATION OF WATER WELL:</b> County: <b>Sedgwick</b>	Fraction <b>¼ NW ¼ NW ¼ SW ¼</b>	Section Number <b>9</b>	Township No. <b>T 28 S</b>	Range Number <b>R 2</b> <input type="checkbox"/> E <input checked="" type="checkbox"/> W
---	-------------------------------------	----------------------------	-------------------------------	---

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input checked="" type="checkbox"/> .	<b>Global Positioning System (GPS) information:</b> Latitude: ..... (in decimal degrees) Longitude: ..... (in decimal degrees) Elevation: ..... Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27 Collection Method: <input type="checkbox"/> GPS unit (Make/Model: .....) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m
--	--

<b>2 WATER WELL OWNER:</b> <b>Richard Kramer</b> RR#, Street Address, Box #: <b>3880 S. 183rd W.</b> City, State, ZIP Code: <b>Goddard, KS 67052</b>	
--	--



**4 DEPTH OF COMPLETED WELL** **100** ..... ft.

Depth(s) Groundwater Encountered (1) **40** ..... ft. (2) ..... ft. (3) ..... ft.

WELL'S STATIC WATER LEVEL **40** ..... ft. below land surface measured on mo/day/yr.....

Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm

EST. YIELD **18** ..... gpm. Well water was ..... ft. after ..... hours pumping ..... gpm

Bore Hole Diameter **10** ..... in. to **100** ..... ft., and ..... in. to ..... ft.

WELL WATER TO BE USED AS:  Public water supply  Geothermal  Injection well  
 Domestic  Feedlot  Oil field water supply.  Dewatering  Other (Specify below)  
 Irrigation  Industrial  Domestic-lawn & garden  Monitoring well

Was a chemical/bacteriological sample submitted to Department?  Yes  No

If yes, mo/day/yr sample was submitted.....

Water well disinfected?  Yes  No

**5 TYPE OF CASING USED:**  Steel  PVC  Other .....

CASING JOINTS:  Glued  Clamped  Welded  Threaded

Casing diameter **5** ..... in. to **100** ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.

Casing height above land surface **12** ..... in., Weight **2.5** ..... lbs./ft., Wall thickness or gauge No. **SDR26** .....

TYPE OF SCREEN OR PERFORATION MATERIAL:

Steel  Stainless Steel  PVC  Other (Specify) .....

Brass  Galvanized Steel  None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

Continuous slot  Mill slot  Gauze wrapped  Torch cut  Drilled holes  None (open hole)  
 Louvered shutter  Key punched  Wire wrapped  Saw cut  Other (specify) .....

SCREEN-PERFORATED INTERVALS: From **40** ..... ft. to **100** ..... ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From **20** ..... ft. to **100** ..... ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**6 GROUT MATERIAL:**  Neat cement  Cement grout  Bentonite  Other .....

Grout Intervals: From **3** ..... ft. to **20** ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

What is the nearest source of possible contamination:

Septic tank  Lateral lines  Pit privy  Livestock pens  Insecticide storage  Other (specify below)  
 Sewer lines  Cesspool  Sewage lagoon  Fuel storage  Abandoned water well  
 Watertight sewer lines  Seepage pit  Feedyard  Fertilizer storage  Oil well/gas well .....

Direction from well **Southeast** ..... Distance from well **50'** .....

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	5	Topsoil			
5	10	Clay			
10	40	Sand			
40	49	Shale			
49	50	Void			
50	69	Shale			
69	70	Void			
70	90	Shale			
90	91	Void			
91	100	Shale			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was  constructed,  reconstructed, or  plugged under my jurisdiction and was completed on (mo/day/year) **9/30/2015** ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **238** ..... This Water Well Record was completed on (mo/day/year) **10/1/2015** ..... under the business name of **Premier Pump & Well Service, Inc.** ..... by (signature) *[Signature]* .....

**INSTRUCTIONS:** Use typewriter or ball point pen. **PLEASE PRESS FIRMLY** and **PRINT** clearly. Please fill in blanks and check the correct answers. Send one copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>