

.WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: Sedgwick		Fraction Nw ¼ ne ¼ ne ¼		Section Number 14	Township Number T 25 S	Range Number R 1 E/W
Distance and direction from nearest town or city street address of well if located within city? 4023 E 109th N				Global Positioning System (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____		
2 WATER WELL OWNER: Mark Beal RR#, St. Address, Box # : 13901 E Troon Dr City, State, ZIP Code : Wichita, Ks 67230						
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N NW X NE SW SE S		4 DEPTH OF COMPLETED WELL 65 ft. Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL 20 ft. below land surface measured on mo/day/yr Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield 30 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 <input checked="" type="checkbox"/> Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> ; If yes, mo/day/yr _____ Sample was submitted _____ Water Well Disinfected? Yes <input checked="" type="checkbox"/> No _____				
5 TYPE OF CASING USED: 1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____ <input checked="" type="checkbox"/> PVC 4 ABS 7 Fiberglass 9 Other (specify below) Welded _____ Blank casing diameter 5 in. to 45 ft., Dia 5 in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface 12 in., Weight 2.40 lbs./ft. Wall thickness or gauge No. 160psi Threaded _____ TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass <input checked="" type="checkbox"/> PVC 9 ABS 11 Other (specify) _____ 2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot <input checked="" type="checkbox"/> Mill slot 5 Gauze wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) _____ SCREEN-PERFORATED INTERVALS: From 45 Ft. to 65 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From 20 ft. to 65 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.						
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> Bentonite 4 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: 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage <input checked="" type="checkbox"/> Other (specify below) 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well Open Field Direction from well? _____ How many feet? _____						
FROM	TO	LITHOLOGIC LOG		FROM	TO	PLUGGING INTERVALS
0	3	Top Soil				
3	12	Clay				
12	32	Fine Sand				
32	36	Clay				
36	46	Med Sand				
46	65	Blue Shale				
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/year) 3-3-2007 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 740 . This Water Well Record was completed on (mo/day/year) 3-6-2007 under the business name of Weninger Drilling Inc. by (signature) <i>[Signature]</i>						
INSTRUCTIONS: Please fill in blanks 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 .						