

## WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |                                                                                                                                                                                   |                              |                          |                    |   |  |  |  |          |          |  |  |   |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------|--------------------|---|--|--|--|----------|----------|--|--|---|--|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>1 LOCATION OF WATER WELL:</b><br>County: <u>Sedgwick</u> Fraction <u>NE 1/4 SW 1/4 NW 1/4</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          | Section Number <u>15</u>                                                                                                                                                          | Township Number <u>T 27S</u> | Range Number <u>R 2E</u> |                    |   |  |  |  |          |          |  |  |   |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| Distance and direction from nearest town or city street address of well if located within city? <u>11424 E. Pine Meadow Ct.</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>2 WATER WELL OWNER:</b><br>RR#, St. Address, Box # <u>Angie Ntoyen</u><br>City, State, ZIP Code : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |          |                                                                                                                                                                                   |                              |                          |                    |   |  |  |  |          |          |  |  |   |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| <b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b><br><div style="text-align: center;">             N<br/> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">W</td> <td style="width: 40px; text-align: center;">-- NW --</td> <td style="width: 40px; text-align: center;">-- NE --</td> <td style="width: 20px; text-align: center;">E</td> </tr> <tr> <td></td> <td style="text-align: center;">X</td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">-- SW --</td> <td style="text-align: center;">-- SE --</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">S</td> <td></td> <td></td> </tr> </table> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | W        | -- NW --                                                                                                                                                                          | -- NE --                     | E                        |                    | X |  |  |  | -- SW -- | -- SE -- |  |  | S |  |  | <b>4 DEPTH OF COMPLETED WELL</b> <u>85</u> ..... ft.<br>Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.<br>WELL'S STATIC WATER LEVEL <u>32</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..... <u>4</u> 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 ..... |  |  |
| W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | -- NW -- | -- NE --                                                                                                                                                                          | E                            |                          |                    |   |  |  |  |          |          |  |  |   |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | X        |                                                                                                                                                                                   |                              |                          |                    |   |  |  |  |          |          |  |  |   |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | -- SW -- | -- SE --                                                                                                                                                                          |                              |                          |                    |   |  |  |  |          |          |  |  |   |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | S        |                                                                                                                                                                                   |                              |                          |                    |   |  |  |  |          |          |  |  |   |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| <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>35</u> ft., Diameter..... in. to ..... ft., Diameter..... in. to ..... ft.<br>Casing height above land surface..... <u>12</u> in., Weight..... <u>2.40</u> lbs./ft. Wall thickness or gauge No <u>160psi</u><br><b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b><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><b>SCREEN OR PERFORATION OPENINGS ARE:</b><br>1 Continuous slot <u>3 Mill slot</u> 5 Guazed 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><b>SCREEN-PERFORATED INTERVALS:</b> From <u>35</u> ft. to <u>85</u> ft., From ..... ft. to ..... ft.<br>From ..... ft. to ..... ft., From ..... ft. to ..... ft.<br><b>GRAVEL PACK INTERVALS:</b> From <u>32</u> ft. to <u>85</u> ft., From ..... ft. to ..... ft.<br>From ..... ft. to ..... ft., From ..... ft. to ..... ft. |          |                                                                                                                                                                                   |                              |                          |                    |   |  |  |  |          |          |  |  |   |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| <b>6 GROUT MATERIAL:</b> 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other .....<br>Grout Intervals: From <u>3</u> ft. to <u>32</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)<br><u>2 Sewer lines</u> 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well below)<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>North</u> How many feet? <u>15</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |                                                                                                                                                                                   |                              |                          |                    |   |  |  |  |          |          |  |  |   |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | TO       | LITHOLOGIC LOG                                                                                                                                                                    | FROM                         | TO                       | PLUGGING INTERVALS |   |  |  |  |          |          |  |  |   |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          | <u>0 1 topsoil</u>                                                                                                                                                                |                              |                          |                    |   |  |  |  |          |          |  |  |   |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          | <u>1 20 clay</u>                                                                                                                                                                  |                              |                          |                    |   |  |  |  |          |          |  |  |   |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          | <u>20 70 limestone</u>                                                                                                                                                            |                              |                          |                    |   |  |  |  |          |          |  |  |   |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          | <u>70 85 gypsum rock</u>                                                                                                                                                          |                              |                          |                    |   |  |  |  |          |          |  |  |   |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| <b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <u>(1)</u> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>6/29/06</u> and this record is true to the best of my knowledge and belief.<br>Kansas Water Well Contractor's License No. <u>740</u> This Water Well Record was completed on (mo/day/year) <u>8/1/06</u><br>under the business name of <u>Wenger Drilling Inc</u> by (signature) <u>Richard Wenger</u><br><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.kdhe.state.ks.us/geo/waterwells">http://www.kdhe.state.ks.us/geo/waterwells</a> .                                                                                                                            |          |                                                                                                                                                                                   |                              |                          |                    |   |  |  |  |          |          |  |  |   |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |