

**Form WWC-5**

Division of Water Resources; App. No.

<b>1 LOCATION OF WATER WELL:</b>		<b>Fraction</b>		<b>Section Number</b>		<b>Township Number</b>		<b>Range Number</b>	
County: <b>Sedgwick</b>		nw ¼ nw ¼ se ¼		<b>2</b>		T <b>27s</b> S		R <b>2e</b> E/W	
Distance and direction from nearest town or city street address of well if located within city? <b>2252 Williams Gate Court</b>				<b>Global Positioning System</b> (decimal degrees, min. of 4 digits)					
<b>2 WATER WELL OWNER: Brent Giltner</b> RR#, St. Address, Box # : 2252 Williams Gate Ct City, State, ZIP Code : Wichita, Ks 67235				Latitude: _____					
				Longitude: _____					
				Elevation: _____					
				Datum: _____					
Data Collection Method: _____									
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>4 DEPTH OF COMPLETED WELL 90 ft.</b>							
		Depth(s) Groundwater Encountered _____ ft. 2 _____ ft. 3 _____ ft.							
		WELL'S STATIC WATER LEVEL <b>26</b> ft. below land surface measured on mo/day/yr							
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm							
		Est. Yield <b>25</b> 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							
		1 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 <b>x</b> ; If yes, mo/day/yr							
Sample was submitted _____		Water Well Disinfected? Yes <b>x</b> No _____							
<b>5 TYPE OF CASING USED:</b>		<b>CASING JOINTS:</b> Glued <b>x</b> Clamped _____							
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) _____		Welded _____							
2 PVC 4 ABS 7 Fiberglass _____		Threaded _____							
Blank casing diameter <b>5</b> in. to <b>30</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		Casing height above land surface <b>12</b> in., Weight <b>2.40</b> lbs./ft. Wall thickness or gauge No. <b>160psi</b>							
<b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>		<b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>							
1 Steel 3 Stainless steel 5 Fiberglass 7 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)							
<b>SCREEN OR PERFORATION OPENINGS ARE:</b>		<b>SCREEN OR PERFORATION OPENINGS ARE:</b>							
1 Continuous slot 3 Mill slot 5 Gauge 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) _____							
<b>SCREEN-PERFORATED INTERVALS:</b>		<b>SCREEN-PERFORATED INTERVALS:</b>							
From <b>30</b> ft. to <b>90</b> ft. From _____ ft. to _____ ft.		From _____ ft. to _____ ft. From _____ ft. to _____ ft.							
<b>GRAVEL PACK INTERVALS:</b>		<b>GRAVEL PACK INTERVALS:</b>							
From <b>26</b> ft. to <b>90</b> ft. From _____ ft. to _____ ft.		From _____ ft. to _____ ft. From _____ ft. to _____ ft.							
From _____ ft. to _____ ft. From _____ ft. to _____ ft.		From _____ ft. to _____ ft. From _____ ft. to _____ ft.							
<b>6 GROUT MATERIAL:</b>		<b>6 GROUT MATERIAL:</b>							
1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____		Grout Intervals From <b>3</b> ft. to <b>26</b> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.							
What is the nearest source of possible contamination:		What is the nearest source of possible contamination:							
1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 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		Direction from well? <b>North</b> How many feet? <b>13ft</b>							
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b>		<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b>							
This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>8/1/07</b> and this record is true to the best of my knowledge and belief.		Kansas Water Well Contractor's License No. <b>740</b> This Water Well Record was completed on (mo/day/year) <b>8-2-07</b>							
under the business name of <b>Weninger Drilling Inc.</b> by (signature) _____									
<b>INSTRUCTIONS:</b> 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.									