

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: Sedgwick	Fraction NE ¼ SE ¼ NW ¼	Section Number 23	Township Number T 27s S	Range Number R 2e E/W
Distance and direction from nearest town or city street address of well if located within city?		Global Positioning System (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____		

2 WATER WELL OWNER: Treescapes Inc
RR#, St. Address, Box # : 206 Gateway Circle
City, State, ZIP Code : Andover, KS 67002

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL 87 ft.	
	Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.	
	WELL'S STATIC WATER LEVEL 32 ft. below land surface measured on mo/day/yr _____	
	Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield _____ 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 X ; If yes, mo/day/yr _____ Sample was submitted _____ Water Well Disinfected? Yes X No _____		

5 TYPE OF CASING USED:

1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)
2 PVC	4 ABS	7 Fiberglass	

Casing height above land surface **12** in., Weight **2.40** lbs./ft. Wall thickness or gauge No. **160 psi**

Blank casing diameter **5** in. to **27** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

TYPE OF SCREEN OR PERFORATION MATERIAL:

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)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot	3 Mill slot	5 Guaze 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 27	ft. to 87	ft. From _____	ft. to _____
From _____	ft. to _____	ft. From _____	ft. to _____

GRAVEL PACK INTERVALS:

From 32	ft. to 87	ft. From _____	ft. to _____
From _____	ft. to _____	ft. From _____	ft. to _____

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout **3** Bentonite 4 Other _____

Grout Intervals From **3** ft. to **32** 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	16 Other (specify below)
2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage	14 Abandoned water well	
6 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage	15 Oil well/ gas well	

Direction from well? **South** How many feet? **25**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Top soil			
1	10	Clay			
10	65	Limestone			
65	87	Shale			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was **1** constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) **7/12/08** 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) **7/14/08** under the business name of **Weninger Drilling** by (signature) _____

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>.