

**Form WWC-5**

Division of Water Resources; App. No.

| <b>1 LOCATION OF WATER WELL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    | Fraction                                       |      | Section Number                                                                                                                                                                   |                    | Township Number |    | Range Number    |    |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |            |  |  |  |    |    |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| County: <b>Sedgwick</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    | ne ¼      sw ¼      ne ¼                       |      | <b>36</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?<br><b>15510 E Rosewood</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |                                                |      | <b>Global Positioning System</b> (decimal degrees, min. of 4 digits)<br>Latitude: _____<br>Longitude: _____<br>Elevation: _____<br>Datum: _____<br>Data Collection Method: _____ |                    |                 |    |                 |    |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |            |  |  |  |    |    |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>2 WATER WELL OWNER: Buckert Const</b><br>RR#, St. Address, Box # : <b>15510 E Rosewood</b><br>City, State, ZIP Code : <b>Wichita, Ks 67235</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |    |                                                |      |                                                                                                                                                                                  |                    |                 |    |                 |    |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |            |  |  |  |    |    |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |    | <b>4 DEPTH OF COMPLETED WELL</b> <u>60</u> ft. |      |                                                                                                                                                                                  |                    |                 |    |                 |    |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |            |  |  |  |    |    |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <div style="text-align: center;"> N<br/> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td></td><td></td><td></td></tr> <tr><td>NW</td><td style="text-align: center;">X</td><td>NE</td></tr> <tr><td>SW</td><td></td><td>SE</td></tr> </table> <br/> S </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |                                                |      |                                                                                                                                                                                  | NW                 | X               | NE | SW              |    | SE             | Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.<br>WELL'S STATIC WATER LEVEL <u>28</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>20</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 Feed lot    6 Oil field water supply    9 Dewatering    12 Other (Specify below) _____<br>2 Irrigation    4 Industrial    7 Domestic (lawn & garden)    10 Monitoring well _____ |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |            |  |  |  |    |    |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    | NW                                             | X    | NE                                                                                                                                                                               |                    |                 |    |                 |    |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |            |  |  |  |    |    |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    | SW                                             |      | SE                                                                                                                                                                               |                    |                 |    |                 |    |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |            |  |  |  |    |    |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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 _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |                                                |      |                                                                                                                                                                                  |                    |                 |    |                 |    |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |            |  |  |  |    |    |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>5 TYPE OF CASING USED:</b><br>1 Steel    3 RMP (SR)    6 Asbestos-Cement    8 Concrete tile    CASING JOINTS: Glued <u>x</u> Clamped _____<br>2 PVC    4 ABS    7 Fiberglass    9 Other (specify below) _____ Welded _____<br>Blank casing diameter <u>5</u> in. to <u>40</u> ft., Dia _____ in. to _____ ft., Dia _____ 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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |    |                                                |      |                                                                                                                                                                                  |                    |                 |    |                 |    |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |            |  |  |  |    |    |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b><br>1 Steel    3 Stainless steel    5 Fiberglass    7 PVC    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    3 Mill slot    5 Gauge 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) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |    |                                                |      |                                                                                                                                                                                  |                    |                 |    |                 |    |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |            |  |  |  |    |    |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>SCREEN-PERFORATED INTERVALS:</b> From <u>40</u> ft. to <u>60</u> ft. From _____ ft. to _____ ft.<br>From _____ ft. to _____ ft. From _____ ft. to _____ ft.<br><b>GRAVEL PACK INTERVALS:</b> From <u>28</u> ft. to <u>60</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    3 Bentonite    4 Other _____<br>Grout Intervals From <u>3</u> ft. to <u>28</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 below) _____<br>2 Sewer lines    5 Cess pool    8 Sewage lagoon    11 Fuel storage    14 Abandoned water well _____<br>3 Watertight sewer lines    6 Seepage pit    9 Feedyard    12 Fertilizer storage    15 Oil well/ gas well _____<br>Direction from well? <u>East</u> How many feet? <u>20</u>                                                                                                                                                                                                                                                                                                                                  |    |                                                |      |                                                                                                                                                                                  |                    |                 |    |                 |    |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |            |  |  |  |    |    |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>1</td> <td>Top soil</td> <td></td> <td></td> <td></td> </tr> <tr> <td>1</td> <td>13</td> <td>Clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>13</td> <td>17</td> <td>Fine sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>17</td> <td>50</td> <td>Soft shale</td> <td></td> <td></td> <td></td> </tr> <tr> <td>50</td> <td>60</td> <td>Gypsum rock</td> <td></td> <td></td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> |    |                                                |      |                                                                                                                                                                                  |                    |                 |    | FROM            | TO | LITHOLOGIC LOG | FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | TO | PLUGGING INTERVALS | 0 | 1 | Top soil |  |  |  | 1 | 13 | Clay |  |  |  | 13 | 17 | Fine sand |  |  |  | 17 | 50 | Soft shale |  |  |  | 50 | 60 | Gypsum rock |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TO | LITHOLOGIC LOG                                 | FROM | TO                                                                                                                                                                               | PLUGGING INTERVALS |                 |    |                 |    |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |            |  |  |  |    |    |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1  | Top soil                                       |      |                                                                                                                                                                                  |                    |                 |    |                 |    |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |            |  |  |  |    |    |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 13 | Clay                                           |      |                                                                                                                                                                                  |                    |                 |    |                 |    |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |            |  |  |  |    |    |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 17 | Fine sand                                      |      |                                                                                                                                                                                  |                    |                 |    |                 |    |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |            |  |  |  |    |    |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 50 | Soft shale                                     |      |                                                                                                                                                                                  |                    |                 |    |                 |    |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |            |  |  |  |    |    |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 60 | Gypsum rock                                    |      |                                                                                                                                                                                  |                    |                 |    |                 |    |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |            |  |  |  |    |    |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <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) <u>7-31-09</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>8-5-09</u><br>under the business name of <u>Weninger Drilling Inc.</u> 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 <a href="http://www.kdheks.gov/waterwell">http://www.kdheks.gov/waterwell</a> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |                                                |      |                                                                                                                                                                                  |                    |                 |    |                 |    |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |            |  |  |  |    |    |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |