| | | | Form WWC-5 | D | | | ırces; App. No. | |
|---|--------------|----------------------|---------------------------|------------------|-------------------------|----------|---------------------|--------------------------|
| 1 LOCA County: | TION OF | WATER WELL: | Fraction | SA 1/ | Section Nur | mber | Township Number | Range Number |
| Distance a | and directio | n from nearest town | or city street address of | well if | Global Posit | ioning | System (decimal dec | grees, min. of 4 digits) |
| County: Sedgwick nw 1/4 nw 1/4 se 1/4 1 T 27s S 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: | | | | | | | | |
| 2531 Rid | OWNED. Cham | Camat | | Longitude: | | | | |
| 2 WATER WELL OWNER: Sharp Const. RR#, St. Address, Box # : 430 Walnut | | | | | Elevation: Datum: | | | |
| City, State, ZIP Code : Augusta, Ks 67010 | | | | | Data Collection Method: | | | |
| 3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 106 ft. | | | | | | | | |
| LOCATON | | | | | | | | |
| WITH | I AN "X" I | N Depth(s) Groun | dwater Encountered 1 | | | ft. 2 | ft. 3 | ft. |
| SECT | ION BOX: | WELL'S STAT | TIC WATER LEVEL | 32 | ft. below land | d surfac | ce measured on mo/o | day/yr |
| | N | Pump | test data: Well water | was | ft. a | fter | hours pump | ing gpm |
| | | Est. Yield 25 | gpm: Well water | was | ft. a | fter | hours pump | ing gpm |
| NW NE WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well | | | | | | | | |
| W 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) | | | | | | | | |
| 2 Irrigation 4 Industrial Domestic (lawn & garden) 10 Monitoring well | | | | | | | | |
| SW SE Was a harried deciral county with the Department of New York No. 10. | | | | | | | | |
| Was a chemical/bacteriological sample submitted to Department? Yes No x; If yes, mo/day/yrs | | | | | | | | |
| Sample was submitted Water Well Disinfected? Yes x No 5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued x Clamped | | | | | | | | |
| 5 TYPE | OF CASI | NG USED: 5 | Wrought Iron 8 | Conci | ete tile | CASI | NG JOINTS: Glued | x Clamped |
| Ste | eel | 3 RMP (SR) 6 | Asbestos-Cement 9 | Other | (specify belo | ow) | Welde | ed |
| D PV | C . | 4 ABS 7 | Fiberglass | | | | Threa | ded |
| PVC 4 ABS 7 Fiberglass Threaded Blank casing diameter 5 in to 76 ft., Dia in to ft., Dia in to ft. Casing height above land surface 12 in., Weight 2.40 lbs./ft. Wall thickness or gauge No. 160psi | | | | | | | | |
| | | | | | | | | |
| 1 Ste | el 3 Stai | nless steel 5 Fib | erolass (7) PVC | 9 | ABS | | 11 Other (specify) | |
| 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) | | | | | | | | |
| | | | | | | | | |
| 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 76 ft. to 106 ft. From ft. to ft. | | | | | | | | |
| 2 Louvered snutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) | | | | | | | | |
| SCREEN. | ·ILIGIONA | TED HYTERVALS. | From | . 11. 10 A to | 100 | A Fro | m + 1 | n. |
| GR | AVEL PAG | CK INTERVALS: | From 32 | ft to | 106 | ft. Fro | m A | 11. |
| OI. | ZIVLL I ZIV | SK IIVI EKVAES. | From | ft to | | ft. Fro | m ft i | n f |
| From ft. to ft. From ft. to ft. GRAVEL PACK INTERVALS: From 32 ft. to 106 ft. From ft. to ft. From ft. to ft. From ft. to ft. From ft. to ft. | | | | | | | | |
| Grout Inte | rvale E | rom 3 ft to | 22 A From | Q pen | tomie 4 | Other | Erom | Α 40 Δ |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Sentonite 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: | | | | | | | | |
| | tic tank | | | 0 Livest | tock pens 1 | 3 Insec | cticide Storage | 16 Other (specify |
| | er lines | 5 Cess pool | | | | | ndoned water well | below) |
| | | er lines 6 Seepage p | | | | | vell/ gas well | 001011) |
| Direction from well? South east How many feet? 18 | | | | | | | | |
| FROM | ТО | LITHOI | OGIC LOG | FRON | I TO | | PLUGGING INT | ERVALS |
| 0 | 1 | Top soil | | | | | | |
| 1 | 11 | clay | | | | | | |
| 11 | 80 | Limestone | | ļ | | | | |
| 80 | 106 | Shale | | - | | | | |
| | | | | <u> </u> | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 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) 8-5-09 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) 8-20-09 | | | | | | | | |
| under the b | usiness name | of Weninger Dril | | by (signa | | \geq | | |
| 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. | | | | | | | | |
| 1 | | | | | | | | |