

## WATER WELL RECORD

## Form WWC-5

Division of Water Resources; App. No.  

<b>1 LOCATION OF WATER WELL:</b>		Fraction		Section Number	Township Number	Range Number				
County: <b>Sedgwick</b>		se ¼    se ¼    se ¼		<b>1</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>15418 E 24<sup>th</sup> St N</b>				<b>Global Positioning System</b> (decimal degrees, min. of 4 digits)						
<b>2 WATER WELL OWNER: Sharp Homes</b> RR#, St. Address, Box # : 430 Walnut City, State, ZIP Code : Augusta, Ks 67010				Latitude: _____						
				Longitude: _____						
				Elevation: _____						
				Datum: _____						
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>				<b>4 DEPTH OF COMPLETED WELL 118 ft.</b>						
<div style="text-align: center;">N</div> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">NW</td> <td style="width: 20px; text-align: center;">NE</td> </tr> <tr> <td style="width: 20px; text-align: center;">SW</td> <td style="width: 20px; text-align: center;">SE</td> </tr> </table> <div style="text-align: center;">S</div>				NW	NE	SW	SE	Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.		
				NW	NE					
				SW	SE					
				WELL'S STATIC WATER LEVEL <b>35</b> ft. below land surface measured on mo/day/yr _____						
Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm										
Est. Yield <b>20</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 <b>7</b> 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>										
1 Steel		3 RMP (SR)		5 Wrought Iron		8 Concrete tile				
<b>2</b> PVC		4 ABS		6 Asbestos-Cement		9 Other (specify below) _____				
				7 Fiberglass		CASING JOINTS: Glued <b>x</b> Clamped _____				
Blank casing diameter <b>5</b> in. to <b>58</b> ft., Dia _____						Welded _____				
Casing height above land surface <b>12</b> in., Weight <b>2.40</b> lbs./ft.						Threaded _____				
TYPE OF SCREEN OR PERFORATION MATERIAL:						Wall thickness or gauge No. <b>160psi</b>				
1 Steel 3 Stainless steel 5 Fiberglass <b>7</b> PVC										
2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR)						11 Other (specify) _____				
10 Asbestos-Cement 12 None used (open hole)										
SCREEN OR PERFORATION OPENINGS ARE:										
1 Continuous slot <b>3</b> 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 <b>58</b> ft. to <b>118</b> ft. From _____ ft. to _____ ft.										
GRAVEL PACK INTERVALS: From <b>35</b> ft. to <b>118</b> ft. From _____ ft. to _____ ft.										
From _____ ft. to _____ ft.										
<b>6 GROUT MATERIAL:</b> 1 Neat cement 2 Cement grout <b>3</b> Bentonite 4 Other _____										
Grout Intervals From <b>3</b> ft. to <b>35</b> 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)				
<b>3</b> Watertight sewer lines		5 Cess pool		8 Sewage lagoon		11 Fuel storage 14 Abandoned water well				
2 Sewer lines		6 Seepage pit		9 Feedyard		12 Fertilizer storage 15 Oil well/ gas well				
Direction from well? <b>North east</b>				How many feet? <b>18</b>						
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS					
0	1	Top soil								
1	8	Clay								
8	91	limestone								
91	107	Soft shale								
107	115	Shale								
115	118	Gypsum rock								
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <b>1</b> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>6-11-09</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>6-26-09</b>										
under the business name of <b>Weninger Drilling Inc.</b> 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 <a href="http://www.kdheks.gov/waterwell">http://www.kdheks.gov/waterwell</a> .										

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