

WATER WELL RECORD

Form WWC-5

Division of Water Resources: App. No. _____

1 LOCATION OF WATER WELL:		Fraction		Section Number	Township Number	Range Number
County: Sedgwick		SW ¼	NE ¼	1	T 27S S	R 2E E/W
Distance and direction from nearest town or city street address of well if located within city? 2515 Flutter circle Wichita, Ks.				Global Positioning System (decimal degrees, min. of 4 digits)		
				Latitude: _____		
				Longitude: _____		
				Elevation: _____		
				Datum: _____		
				Data Collection Method: _____		

2 WATER WELL OWNER: **Doug Nichols**
 RR#, St. Address, Box # : Same address
 City, State, ZIP Code :

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> N <table border="1" style="width: 100px; height: 100px; border-collapse: collapse;"> <tr> <td style="width: 50px; height: 50px; text-align: center;">NW</td> <td style="width: 50px; height: 50px; text-align: center;">NE</td> </tr> <tr> <td style="width: 50px; height: 50px; text-align: center;">SW</td> <td style="width: 50px; height: 50px; text-align: center;">S X</td> </tr> </table> S W E </div>	NW	NE	SW	S X	4 DEPTH OF COMPLETED WELL 130 ft. Depth(s) Groundwater Encountered 1 119 ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL 30 ft. below land surface measured on mo/day/yr Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield 20 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 _____		
	NW	NE					
	SW	S X					

5 TYPE OF CASING USED:

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

CASING JOINTS: Glued **X** Clamped _____
 Welded _____
 Threaded _____

Blank casing diameter **5** in. to **30** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface **13"** in., Weight **2.4** lbs./ft. Wall thickness or gauge No. **160psi**

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	7 PVC X	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 X	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 30 ft. to 130 ft.	From _____ ft. to _____ ft.
From _____ ft. to _____ ft.	From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS:

From 30 ft. to 130 ft.	From _____ ft. to _____ ft.
From _____ ft. to _____ ft.	From _____ ft. to _____ ft.

6 GROUT MATERIAL:

1 Neat cement	2 Cement grout	X3 Bentonite	4 Other _____
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Grout Intervals From **3** ft. to **30** 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	

X 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well _____

Direction from well? **North** How many feet? **36**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Topsoil			
3	26	Clay			
26	42	Limestone			
42	126	Blue shale			
126	130	Gyp rock (white)			

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) **5/10/10** 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) **5/10/10** under the business name of **Weninger drilling inc** 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>.

Driller Copy *white*

KSA 82a-1212

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