

## WATER WELL RECORD

## Form WWC-5

Division of Water Resources App. No.  

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| <b>1 LOCATION OF WATER WELL:</b><br>County: <u>Sedgwick</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    | Fraction <u>1/4 NW 1/4 NW 1/4 SW 1/4</u> |    | Section Number <u>36</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |    | Township No. <u>T 27 S</u> |    | Range Number <u>R 2</u> <input checked="" type="checkbox"/> NE <input type="checkbox"/> W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |      |  |  |    |  |  |                                          |  |  |  |
| Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> .<br><u>14514 E Cambria St</u><br><u>Wichita, KS 67230</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                                          |    | <b>Global Positioning System (GPS) information:</b><br>Latitude: ..... (in decimal degrees)<br>Longitude: ..... (in decimal degrees)<br>Elevation: .....<br>Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27<br>Collection Method:<br><input type="checkbox"/> GPS unit (Make/Model: .....)<br><input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey<br>Est. Accuracy: <input type="checkbox"/> <3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m |    |                            |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |  |  |    |  |  |                                          |  |  |  |
| <b>2 WATER WELL OWNER:</b><br>RR#, Street Address, Box #:<br>City, State, ZIP Code :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |                                          |    | <u>LCS Builders Inc</u><br><u>14514 E Cambria St</u><br><u>Wichita KS 67230</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |                            |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |  |  |    |  |  |                                          |  |  |  |
| <b>3 LOCATE WELL WITH AN "X" IN SECTION BOX:</b><br>N<br><div style="display: flex; align-items: center; justify-content: center;"> <div style="text-align: center; margin-right: 10px;">W</div> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;">NW</td> <td style="width: 20px; height: 20px;">NE</td> </tr> <tr> <td style="width: 20px; height: 20px;">SW</td> <td style="width: 20px; height: 20px;">SE</td> </tr> </table> <div style="text-align: center; margin-left: 10px;">E</div> </div> <div style="display: flex; align-items: center; justify-content: center; margin-top: 5px;"> <div style="width: 20px; height: 20px; border: 1px solid black; position: relative; margin-right: 5px;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; border: 1px solid black;"></div> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); font-size: 10px;">X</div> </div> <div style="text-align: center;">S</div> </div> <div style="display: flex; align-items: center; justify-content: center; margin-top: 5px;"> <div style="width: 100px; border-top: 1px solid black; margin-right: 5px;"></div> <div style="font-size: 8px;">-----1 mile-----</div> </div>                                                                                                                                                                                                                                                                                                                                                                                                         |    |                                          |    | NW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | NE | SW                         | SE | <b>4 DEPTH OF COMPLETED WELL</b> ..... ft.<br>Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.<br>WELL'S STATIC WATER LEVEL..... ft. below land surface measured on mo/day/yr. <u>9-15-11</u><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>Bore Hole Diameter <u>12</u> in. to <u>88</u> ft., and ..... in. to ..... ft.<br>WELL WATER TO BE USED AS: <input type="checkbox"/> Public water supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Injection well<br><input type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below)<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Domestic-lawn & garden <input type="checkbox"/> Monitoring well .....<br>Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, mo/day/yr sample was submitted.....<br>Water well disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |      |  |  |    |  |  |                                          |  |  |  |
| NW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | NE |                                          |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |                            |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |  |  |    |  |  |                                          |  |  |  |
| SW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | SE |                                          |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |                            |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |  |  |    |  |  |                                          |  |  |  |
| <b>5 TYPE OF CASING USED:</b> <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other .....<br>CASING JOINTS: <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded<br>Casing diameter ..... in. to <u>40</u> ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.<br>Casing height above land surface..... in., Weight <u>2.4</u> lbs./ft., Wall thickness or gauge No. <u>16 gpsi</u><br>TYPE OF SCREEN OR PERFORATION MATERIAL:<br><input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) .....<br><input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> None used (open hole)<br>SCREEN OR PERFORATION OPENINGS ARE:<br><input type="checkbox"/> Continuous slot <input checked="" type="checkbox"/> Mill slot <input type="checkbox"/> Gauze wrapped <input type="checkbox"/> Torch cut <input type="checkbox"/> Drilled holes <input type="checkbox"/> None (open hole)<br><input type="checkbox"/> Louvered shutter <input type="checkbox"/> Key punched <input type="checkbox"/> Wire wrapped <input type="checkbox"/> Saw cut <input type="checkbox"/> Other (specify) .....<br>SCREEN-PERFORATED INTERVALS: From <u>40</u> ft. to <u>88</u> ft., From ..... ft. to ..... ft.<br>From ..... ft. to ..... ft., From ..... ft. to ..... ft.<br>GRAVEL PACK INTERVALS: From <u>40</u> ft. to <u>88</u> ft., From ..... ft. to ..... ft.<br>From ..... ft. to ..... ft., From ..... ft. to ..... ft. |    |                                          |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |                            |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |  |  |    |  |  |                                          |  |  |  |
| <b>6 GROUT MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other .....<br>Grout Intervals: From <u>3</u> ft. to <u>40</u> ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.<br>What is the nearest source of possible contamination:<br><input type="checkbox"/> Septic tank <input type="checkbox"/> Lateral lines <input type="checkbox"/> Pit privy <input type="checkbox"/> Livestock pens <input type="checkbox"/> Insecticide storage <input type="checkbox"/> Other (specify below)<br><input type="checkbox"/> Sewer lines <input type="checkbox"/> Cesspool <input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Fuel storage <input type="checkbox"/> Abandoned water well<br><input checked="" type="checkbox"/> Watertight sewer lines <input type="checkbox"/> Seepage pit <input type="checkbox"/> Feedyard <input type="checkbox"/> Fertilizer storage <input type="checkbox"/> Oil well/gas well .....<br>Direction from well <u>North</u> Distance from well <u>90'</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |                                          |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |                            |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |  |  |    |  |  |                                          |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |                                          | TO |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    | LITHOLOGIC LOG             |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | FROM |  |  | TO |  |  | LITHO. LOG (cont.) or PLUGGING INTERVALS |  |  |  |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |                                          | 3  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    | Top Soil                   |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |  |  |    |  |  |                                          |  |  |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |                                          | 31 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    | Clay                       |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |  |  |    |  |  |                                          |  |  |  |
| 31                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    |                                          | 47 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    | Broken Limestone           |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |  |  |    |  |  |                                          |  |  |  |
| 47                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    |                                          | 88 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    | Blue Shale                 |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |  |  |    |  |  |                                          |  |  |  |
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| <b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/year) <u>10-28-11</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>11-8-11</u><br>under the business name of <u>Wenger Drilling Inc</u> by (signature) <u>G. Wenger</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |                                          |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |                            |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |  |  |    |  |  |                                          |  |  |  |
| <b>INSTRUCTIONS:</b> Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each <u>constructed</u> well. Visit us at <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                                          |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |                            |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |  |  |    |  |  |                                          |  |  |  |