

**WATER WELL RECORD Form WWC-5**

Division of Water Resources App. No.  

Well ID  

Original Record  Correction  Change in Well Use

<b>1 LOCATION OF WATER WELL:</b> County: <u>Sedgewick</u>	Fraction <u>1/4 NW 1/4 NE 1/4 SW 1/4</u>	Section Number <u>35</u>	Township Number <u>T 21 S</u>	Range Number <u>R 24 E</u>
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<b>2 WELL OWNER:</b> Last Name: <u>Artistic Builders</u> First: <u>Wassall</u> Business: <u>Artistic Builders</u> Address: <u>1725 E Wassall</u> City: <u>Wichita</u> State: <u>KS</u> ZIP: <u>67216</u>	Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: <input type="checkbox"/> <u>2009 S Triple Crown</u> <u>Wichita, KS 67230</u>
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<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> N W <span style="display: inline-block; border: 1px solid black; padding: 5px;">NW NE SW SE</span> E S -----1 mile-----	<b>4 DEPTH OF COMPLETED WELL:</b> <u>82</u> ft. Depth(s) Groundwater Encountered: 1) ..... ft. 2) ..... ft. 3) ..... ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: <u>40</u> ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) <u>8-20-14</u> <input type="checkbox"/> above land surface, measured on (mo-day-yr) ..... Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm Well water was ..... ft. after ..... hours pumping ..... gpm Estimated Yield: <u>25</u> gpm Bore Hole Diameter: ..... in. to ..... ft. and ..... in. to ..... ft.	<b>5 Latitude:</b> ..... (decimal degrees) <b>Longitude:</b> ..... (decimal degrees) Datum: <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 <b>Source for Latitude/Longitude:</b> <input type="checkbox"/> GPS (unit make/model: .....) (WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Online Mapper: .....
		<b>6 Elevation:</b> ..... ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC <b>Source:</b> <input type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other .....

**7 WELL WATER TO BE USED AS:**

1. Domestic: <input type="checkbox"/> Household <input checked="" type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock	5. <input type="checkbox"/> Public Water Supply: well ID .....	10. <input type="checkbox"/> Oil Field Water Supply: lease .....
2. <input type="checkbox"/> Irrigation	6. <input type="checkbox"/> Dewatering: how many wells? .....	11. Test Hole: well ID .....
3. <input type="checkbox"/> Feedlot	7. <input type="checkbox"/> Aquifer Recharge: well ID .....	<input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical
4. <input type="checkbox"/> Industrial	8. <input type="checkbox"/> Monitoring: well ID .....	12. Geothermal: how many bores? .....
	9. Environmental Remediation: well ID .....	a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical
	<input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction	b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water
	<input type="checkbox"/> Recovery <input type="checkbox"/> Injection	13. <input type="checkbox"/> Other (specify): .....

**Was a chemical/bacteriological sample submitted to KDHE?**  Yes  No If yes, date sample was submitted: .....

Water well disinfected?  Yes  No

**8 TYPE OF CASING USED:**  Steel  PVC  Other ..... CASING JOINTS:  Glued  Clamped  Welded  Threaded

Casing diameter 3 in. to 12 ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.

Casing height above land surface 24 in. Weight 24 lbs./ft. Wall thickness or gauge No. 60 DPS

**TYPE OF SCREEN OR PERFORATION MATERIAL:**  
 Steel  Stainless Steel  Fiberglass  PVC  Other (Specify) .....

Brass  Galvanized Steel  Concrete tile  None used (open hole)

**SCREEN OR PERFORATION OPENINGS ARE:**  
 Continuous Slot  Mill Slot  Gauze Wrapped  Torch Cut  Drilled Holes  Other (Specify) .....

Louvered Shutter  Key Punched  Wire Wrapped  Saw Cut  None (Open Hole)

**SCREEN-PERFORATED INTERVALS:** From 47 ft. to 82 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**GRAVEL PACK INTERVALS:** From 28 ft. to 82 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**9 GROUT MATERIAL:**  Neat cement  Cement grout  Bentonite  Other .....

Grout Intervals: From 3 ft. to 28 ft., From 7 ft. to ..... ft., From ..... ft. to ..... ft.

**Nearest source of possible contamination:**

<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"/> Sewer Lines	<input type="checkbox"/> Cess Pool	<input type="checkbox"/> Sewage Lagoon	<input type="checkbox"/> Fuel Storage	<input type="checkbox"/> Abandoned Water Well
<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
<input type="checkbox"/> Other (Specify) .....				

Direction from well? West Distance from well? 18 ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	1	Top soil			
1	7	Clay			
7	46	Limestone			
46	77	Shale			
77	82	Gyp Rock			
<b>Notes:</b>					

**11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was  constructed,  reconstructed, or  plugged under my jurisdiction and was completed on (mo-day-year) 8-20-14 and this record is true to the best of my knowledge and belief.

Kansas Water Well Contractor's License No. 889 This Water Well Record was completed on (mo-day-year) 8-20-14 under the business name of Weninger Drilling LLC Trans. Center

INSTRUCTIONS: Send one copy to WATER WELL OWNER and retain one copy for your records. Submit fee of \$5.00 for each constructed well along with one (white) copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone (785) 296-3565.