

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: <u>SEDOGWICK</u>		<u>NW 1/4 NW 1/4 NE 1/4</u>	<u>35</u>	T <u>28</u> S	R <u>1</u> E/W
Distance and direction from nearest town or city street address of well if located within city? <u>632 S. 2nd ST. CLIFTON WICHITA, KS</u>			Global Positioning Systems (decimal degrees, min. of 4 digits)		
<u>20' APART</u> <u>75' S</u> <u>220' WEST OF INTERSECTION</u>			Latitude: _____		
2 WATER WELL OWNER: <u>NOWAK CONST.</u>			Longitude: _____		
RR#, St. Address, Box # : <u>PO. BOX 218</u>			Elevation: _____		
City, State, ZIP Code : <u>GOVARD, KS 67052</u>			Datum: _____		
			Data Collection Method: _____		

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL <u>35</u> <u>X</u> <u>8</u> ft.																				
	Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft.																				
<table border="1"> <tr> <td>N</td> <td></td> <td></td> <td></td> </tr> <tr> <td>--NW--</td> <td></td> <td>--NE--</td> <td></td> </tr> <tr> <td>W</td> <td></td> <td></td> <td>E</td> </tr> <tr> <td>--SW--</td> <td></td> <td>--SE--</td> <td></td> </tr> <tr> <td>S</td> <td></td> <td></td> <td></td> </tr> </table>	N				--NW--		--NE--		W			E	--SW--		--SE--		S				WELL'S STATIC WATER LEVEL <u>18</u> ft. below land surface measured on mo/day/yr. _____ Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield. <u>100</u> 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 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well <u>DEWATERING</u>
	N																				
--NW--		--NE--																			
W			E																		
--SW--		--SE--																			
S																					
	Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yr _____ Sample was submitted _____ Water well disinfected? Yes <u>X</u> No _____																				

5 TYPE OF CASING USED:	5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued <u>X</u> Clamped _____
1 Steel	3 RMP (SR)	6 Asbestos-Cement	Welded _____
2 PVC	4 ABS	7 Fiberglass	Threaded _____
Blank casing diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.			
Casing height above land surface _____ in., Weight _____ lbs./ft.			Wall thickness or gauge No. <u>280</u> <u>RF</u>
TYPE OF SCREEN OR PERFORATION MATERIAL:			
1 Steel	3 Stainless Steel	5 Fiberglass	11 Other (Specify) _____
2 Brass	4 Galvanized Steel	6 Concrete tile	12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:			
1 Continuous slot	3 Mill slot	5 Gauzed wrapped	7 Torch cut
2 Louvered shutter	4 Key punched	6 Wire wrapped	8 Saw Cut
SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.			

6 GROUT MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite	4 Other _____
Grout Intervals: From _____ ft. to _____ 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
2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage	14 Abandoned water well below
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer Storage	15 Oil well/gas well
Direction from well? <u>N</u>			How many feet? <u>50</u>	

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	TOP SOIL			
1	15	FINE SAND			
15	19	MEDIUM SAND			
19	35	SHALE			

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) 1-9-07 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) 1-16-07 under the business name of WENGER DRILLING INC. by (signature) _____

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline 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/index.html>.