

CORRECTION(S) TO WATER WELL RECORD (WWC-5)
(to rectify lacking or incorrect information)

County: Sedgwick

Location listed as:

Section-Township-Range: 30-285-2E

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): SW NE SE

Location changed to:

30-285-2E

SW NE SW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Well site address, area street map, and
mapping tool on KGS website.

initials: DR date: 6/8/2009

submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726
to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367.

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 SE ¼		30	T 28S S	R 2E E/W

Distance and direction from nearest town or city street address of well if located within city? **3015 N ROUGH CREEK RD, DERBY**

2 WATER WELL OWNER: PRESTON SANDERS		Global Positioning System (decimal degrees, min. of 4 digits)	
RR#, St. Address, Box # : 2957 N PEPPER RIDGE CT		Latitude: _____	
City, State, ZIP Code : DERBY, KS 67211		Longitude: _____	
		Elevation: _____	
		Datum: _____	
		Data Collection Method: _____	

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 105 ft.	
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.	
		WELL'S STATIC WATER LEVEL 32 ft. below land surface measured on mo/day/yr _____	
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm	
		Est. Yield 23 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 _____	

5 TYPE OF CASING USED:		5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued X Clamped _____	
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) _____		Welded _____	
② PVC 4 ABS 7 Fiberglass _____		Threaded _____	
Blank casing diameter 5 in. to 71 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.			
Casing height above land surface 12 in., Weight 2.40 lbs./ft. Wall thickness or gauge No. 160 ps.			
TYPE OF SCREEN OR PERFORATION MATERIAL:			
1 Steel 3 Stainless steel 5 Fiberglass ⑦ PVC 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 5 Gauze 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 71 ft. to 105 ft. From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS: From 32 ft. to 105 ft. From _____ ft. to _____ ft.			

6 GROUT MATERIAL:		1 Neat cement 2 Cement grout ③ Bentonite 4 Other _____	
Grout Intervals From 3 ft. to 32 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			
③ Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well			
Direction from well? SOUTHEAST		How many feet? 25	

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	TOP SOIL			
1	58	CLAY			
58	64	FINE SAND			
64	69	SAND STONE			
69	86	GREEN SHALE			
86	102	SHALE			
102	105	GYP ROCK			

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) **12-1-08** 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) **1-8-08** 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>.