

## WATER WELL RECORD

## Form WWC-5

Division of Water Resources; App. No. \_\_\_\_\_

| <b>1 LOCATION OF WATER WELL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           | Fraction <u>NE NW NE NW</u>                                                         |      | Section Number                                                                                                                                                                   | Township Number    | Range Number    |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |  |  |          |           |                 |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| County: <u>Sedgwick</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           | <del>NE</del> $\frac{1}{4}$ <del>NW</del> $\frac{1}{4}$ <del>SE</del> $\frac{1}{4}$ |      | <u>8</u>                                                                                                                                                                         | T <u>29s</u> S     | R <u>2e</u> E/W |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |  |  |          |           |                 |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Distance and direction from nearest town or city street address of well if located within city?<br><u>406 Walnut Creek drive</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |                                                                                     |      | <b>Global Positioning System</b> (decimal degrees, min. of 4 digits)<br>Latitude: _____<br>Longitude: _____<br>Elevation: _____<br>Datum: _____<br>Data Collection Method: _____ |                    |                 |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |  |  |          |           |                 |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>2 WATER WELL OWNER: Walter Rice</b><br>RR#, St. Address, Box # : <u>406 Walnut Creek Drive</u><br>City, State, ZIP Code : <u>Derby, Ks 67037</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                                                                                     |      |                                                                                                                                                                                  |                    |                 |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |  |  |          |           |                 |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           | <b>4 DEPTH OF COMPLETED WELL</b> <u>76</u> ft.                                      |      |                                                                                                                                                                                  |                    |                 |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |  |  |          |           |                 |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <div style="text-align: center;">             X<br/>             N<br/> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; text-align: center;">X</td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center;">NW</td><td style="text-align: center;">NE</td></tr> <tr><td style="text-align: center;">SW</td><td style="text-align: center;">SE</td></tr> </table>             W<br/>             S           </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | X                                                                                   |      | NW                                                                                                                                                                               | NE                 | SW              | SE   | Depth(s) Groundwater Encountered <u>1</u> ft. <u>2</u> ft. <u>3</u> ft.<br>WELL'S STATIC WATER LEVEL <u>21</u> ft. below land surface measured on mo/day/yr<br>Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm<br>Est. Yield <u>25</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm<br>WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well<br>1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)<br>2 Irrigation 4 Industrial <u>7</u> Domestic (lawn & garden) 10 Monitoring well |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |  |  |          |           |                 |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           | X                                                                                   |      |                                                                                                                                                                                  |                    |                 |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |  |  |          |           |                 |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           | NW                                                                                  | NE   |                                                                                                                                                                                  |                    |                 |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |  |  |          |           |                 |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           | SW                                                                                  | SE   |                                                                                                                                                                                  |                    |                 |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |  |  |          |           |                 |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>x</u> ; If yes, mo/day/yr<br>Sample was submitted _____ Water Well Disinfected? Yes <u>x</u> No _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |                                                                                     |      |                                                                                                                                                                                  |                    |                 |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |  |  |          |           |                 |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>5 TYPE OF CASING USED:</b> 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued <u>x</u> Clamped<br>1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded<br><u>2</u> PVC 4 ABS 7 Fiberglass Threaded<br>Blank casing diameter <u>5</u> in. to <u>16</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.<br>Casing height above land surface <u>12</u> in., Weight <u>2.40</u> lbs./ft. Wall thickness or gauge No. <u>160psi</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                                                     |      |                                                                                                                                                                                  |                    |                 |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |  |  |          |           |                 |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b><br>1 Steel 3 Stainless steel 5 Fiberglass <u>7</u> PVC 9 ABS 11 Other (specify)<br>2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)<br><b>SCREEN OR PERFORATION OPENINGS ARE:</b><br>1 Continuous slot <u>3</u> Mill slot 5 Gauze wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)<br>2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |                                                                                     |      |                                                                                                                                                                                  |                    |                 |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |  |  |          |           |                 |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>SCREEN-PERFORATED INTERVALS:</b> From <u>16</u> ft. to <u>76</u> ft. From _____ ft. to _____ ft.<br>From _____ ft. to _____ ft. From _____ ft. to _____ ft.<br><b>GRAVEL PACK INTERVALS:</b> From <u>21</u> ft. to <u>76</u> ft. From _____ ft. to _____ ft.<br>From _____ ft. to _____ ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |                                                                                     |      |                                                                                                                                                                                  |                    |                 |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |  |  |          |           |                 |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>6 GROUT MATERIAL:</b> 1 Neat cement 2 Cement grout <u>3</u> Bentonite 4 Other _____<br>Grout Intervals From <u>3</u> ft. to <u>21</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.<br>What is the nearest source of possible contamination:<br>1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify below)<br>2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well<br><u>3</u> Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well<br>Direction from well? <u>East</u> How many feet? <u>40</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                                                                     |      |                                                                                                                                                                                  |                    |                 |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |  |  |          |           |                 |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td><u>0</u></td> <td><u>1</u></td> <td><u>Top soil</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td><u>1</u></td> <td><u>6</u></td> <td><u>Clay</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td><u>6</u></td> <td><u>15</u></td> <td><u>Med sand</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td><u>15</u></td> <td><u>50</u></td> <td><u>Shale</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td><u>50</u></td> <td><u>60</u></td> <td><u>Gypsum rock</u></td> <td></td> <td></td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> |           |                                                                                     |      |                                                                                                                                                                                  |                    |                 | FROM | TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS | <u>0</u> | <u>1</u> | <u>Top soil</u> |  |  |  | <u>1</u> | <u>6</u> | <u>Clay</u> |  |  |  | <u>6</u> | <u>15</u> | <u>Med sand</u> |  |  |  | <u>15</u> | <u>50</u> | <u>Shale</u> |  |  |  | <u>50</u> | <u>60</u> | <u>Gypsum rock</u> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | TO        | LITHOLOGIC LOG                                                                      | FROM | TO                                                                                                                                                                               | PLUGGING INTERVALS |                 |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |  |  |          |           |                 |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <u>0</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <u>1</u>  | <u>Top soil</u>                                                                     |      |                                                                                                                                                                                  |                    |                 |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |  |  |          |           |                 |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <u>1</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <u>6</u>  | <u>Clay</u>                                                                         |      |                                                                                                                                                                                  |                    |                 |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |  |  |          |           |                 |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <u>6</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <u>15</u> | <u>Med sand</u>                                                                     |      |                                                                                                                                                                                  |                    |                 |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |  |  |          |           |                 |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <u>15</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <u>50</u> | <u>Shale</u>                                                                        |      |                                                                                                                                                                                  |                    |                 |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |  |  |          |           |                 |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <u>50</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <u>60</u> | <u>Gypsum rock</u>                                                                  |      |                                                                                                                                                                                  |                    |                 |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |  |  |          |           |                 |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <u>(1)</u> constructed, <u>(2)</u> reconstructed, or <u>(3)</u> plugged under my jurisdiction and was completed on (mo/day/year) <u>7-18-07</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>8-10-07</u><br>under the business name of <u>Weninger Drilling Inc.</u> by (signature) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                                                                     |      |                                                                                                                                                                                  |                    |                 |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |  |  |          |           |                 |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>INSTRUCTIONS:</b> 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 <a href="http://www.kdheks.gov/waterwell">http://www.kdheks.gov/waterwell</a> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |                                                                                     |      |                                                                                                                                                                                  |                    |                 |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |  |  |          |           |                 |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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