

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		NE ¼ NE ¼ SE ¼		33	T 29S S	R 2E E/W

Distance and direction from nearest town or city street address of well if located within city?
11649 S GREENWICH RD, MULVANE

2 WATER WELL OWNER: JAMES VANDER		Global Positioning System (decimal degrees, min. of 4 digits)	
RR#, St. Address, Box # : 11649 S GREENWICH RD		Latitude: _____	
City, State, ZIP Code : MULVANE, KS 67110		Longitude: _____	
		Elevation: _____	
		Datum: _____	
		Data Collection Method: _____	

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL <u>73</u> ft.
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N

NW	NE
SW	SE

S

W E

Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.

WELL'S STATIC WATER LEVEL 31 ft. below land surface measured on mo/day/yr _____

Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm

Est. Yield 18 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 _____ Clamped _____	
1 Steel		3 RMP (SR)		6 Asbestos-Cement		9 Other (specify below) _____	
2 PVC		4 ABS		7 Fiberglass		Welded _____	
						Threaded _____	
Blank casing diameter <u>5</u> in. to <u>20</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.							
Casing height above land surface <u>12</u> in., Weight <u>2.40</u> lbs./ft. Wall thickness or gauge No. _____							
TYPE OF SCREEN OR PERFORATION MATERIAL:							
1 Steel		3 Stainless steel		5 Fiberglass		7 PVC	
2 Brass		4 Galvanized steel		6 Concrete tile		8 RM (SR)	
						9 ABS	
						10 Asbestos-Cement	
						11 Other (specify) _____	
						12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:							
1 Continuous slot		3 Mill slot		5 Gauze wrapped		7 Torch cut	
2 Louvered shutter		4 Key punched		6 Wire wrapped		8 Saw Cut	
						9 Drilled holes	
						11 None (open hole)	
						10 Other (specify) _____	
SCREEN-PERFORATED INTERVALS:							
From <u>20</u> ft. to <u>73</u> ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
GRAVEL PACK INTERVALS:							
From <u>31</u> ft. to <u>73</u> ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	

6 GROUT MATERIAL:		1 Neat cement		2 Cement grout		3 Bentonite		4 Other _____	
Grout Intervals From <u>3</u> ft. to <u>31</u> ft.		From _____ ft. to _____ ft.		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	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard		12 Fertilizer storage		15 Oil well/ gas well	
Direction from well? <u>WEST</u>		How many feet? <u>180</u>							

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	TOP SOIL			
1	7	CLAY			
7	50	SOFT SHALE			
50	73	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) <u>10-08</u> and this record is true to the best of my knowledge and belief.	
Kansas Water Well Contractor's License No. <u>740</u>	This Water Well Record was completed on (mo/day/year) <u>10-3-08</u>
under the business name of <u>WENINGER DRILLING INC</u>	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>.