

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources; App. No.  

<p><b>1 LOCATION OF WATER WELL:</b>                  County: <u>Sedgewick</u> <u>Summer</u>                  Fraction: <u>NW 1/4 NW 1/4 SW 1/4</u>                  Distance and direction from nearest town or city street address of well if located within city? <u>1332 N Greenlith</u></p>	Section Number <u>22</u> Township Number <u>T 30 S</u> Range Number <u>R 20 E/W</u>	Township Number <u>T 30 S</u> Range Number <u>R 20 E/W</u>	<p><b>2 WATER WELL OWNER:</b> <u>Randy Doll</u>                  RR#, St. Address, Box # : <u>1332 N Greenlith</u>                  City, State, ZIP Code : <u>Mulvick KS</u></p>																																							
<p><b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b></p> <div style="text-align: center;"> <table border="1" style="border-collapse: collapse; width: 100px; height: 100px;"> <tr> <td style="width: 50px;">N</td> <td style="width: 50px;">E</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> <tr> <td style="width: 50px;">W</td> <td style="width: 50px;">E</td> </tr> <tr> <td style="text-align: center;">S</td> <td style="text-align: center;">S</td> </tr> </table> </div>		N	E	-- NW --	-- NE --	-- SW --	-- SE --	W	E	S	S	<p><b>4 DEPTH OF COMPLETED WELL</b> ..... ft. <u>65</u></p> <p>Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.                  WELL'S STATIC WATER LEVEL <u>12</u> ft. below land surface measured on mo/day/yr.....                  Pump test data: Well water was.....ft. after..... hours pumping..... gpm                  Est. Yield.....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  <input checked="" type="radio"/> Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)                  2 Irrigation 4 Industrial 7 Domestic (lawn &amp; garden) 10 Monitoring well</p> <p>Was a chemical/bacteriological sample submitted to Department? Yes ..... No <input checked="" type="checkbox"/>; If yes, mo/day/yr                  Sample was submitted..... Water well disinfected? Yes <input checked="" type="checkbox"/> No .....</p>																														
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<p><b>6 GROUT MATERIAL:</b> 1 Neat cement 2 Cement grout <input checked="" type="radio"/> Bentonite 4 Other .....</p> <p>Grout Intervals: From <u>3</u> ft. to <u>20</u> ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.</p> <p>What is the nearest source of possible contamination:</p> <table style="width: 100%;"> <tr> <td>1 Septic tank</td> <td>4 Lateral lines</td> <td>7 Pit privy</td> <td>10 Livestock pens</td> <td>13 Insecticide Storage</td> <td>16 Other (specify below)</td> </tr> <tr> <td>2 Sewer lines</td> <td>5 Cess pool</td> <td>8 Sewage lagoon</td> <td>11 Fuel storage</td> <td>14 Abandoned water well</td> <td></td> </tr> <tr> <td><input checked="" type="radio"/> Watertight sewer lines</td> <td>6 Seepage pit</td> <td>9 Feedyard</td> <td>12 Fertilizer Storage</td> <td>15 Oil well/gas well</td> <td></td> </tr> </table> <p>Direction from well? <u>W</u> How many feet? <u>50</u></p>				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		<input checked="" type="radio"/> Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer Storage	15 Oil well/gas well																						
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**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was  constructed,  reconstructed, or  plugged under my jurisdiction and was completed on (mo/day/year) 9-20-06 and this record is true to the best of my knowledge and belief.  
 Kansas Water Well Contractor's License No. 74D This Water Well Record was completed on (mo/day/year) 10-1-06  
 under the business name of Wenger Drilling Inc. by (signature) [Signature]

**INSTRUCTIONS:** Use typewriter or ballpoint 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.kdhe.state.ks.us/geo/waterwells>.