

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number																																																																		
County: Sedgwick NW		NW ¼ NE ¼ SW ¼	34	T 26 S	R 1 E																																																																		
Distance and direction from nearest town or city street address of well if located within city? same as below			Global Positioning System (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____																																																																				
2 WATER WELL OWNER: Lindsey Sibert RR#, St. Address, Box # : 6719 W. Northwind Ct. City, State, ZIP Code : Wichita, KS 67235																																																																							
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: <table border="1" style="margin:auto; border-collapse: collapse;"><tr><td colspan="2">N</td></tr><tr><td>X—NW—NE</td><td>E</td></tr><tr><td> ↑ </td><td></td></tr><tr><td>SW—SE</td><td></td></tr><tr><td colspan="2">S</td></tr></table>		N		X—NW—NE	E	↑		SW—SE		S		4 DEPTH OF COMPLETED WELL 55 ft.																																																											
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		Depth(s) Groundwater Encountered l _____ ft. 2 _____ ft. 3 _____ ft.																																																																					
		WELL'S STATIC WATER LEVEL <u>11</u> ft. below land surface measured on mo/day/yr _____																																																																					
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm																																																																					
		Est. Yield <u>40</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 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 <u>x</u> ; If yes, mo/day/yrs _____																																																																					
		Sample was submitted _____ Water Well Disinfected? Yes <u>x</u> No _____																																																																					
5 TYPE OF CASING USED:		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 5 in. to 45 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.																																																																							
Casing height above land surface 12 in., Weight _____ lbs./ft.		Wall thickness or gauge No. 160psi																																																																					
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 _____ 45 ft. to _____ 55 ft.		From _____ ft. to _____ ft.																																																																					
GRAVEL PACK INTERVALS:																																																																							
From _____ 20 ft. to _____ 55 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 _____ 3 ft. to _____ 20 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 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? North		How many feet? 60ft																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"><tr><th>FROM</th><th>TO</th><th>LITHOLOGIC LOG</th><th>FROM</th><th>TO</th><th>PLUGGING INTERVALS</th></tr><tr><td>0</td><td>1</td><td>Top Soil</td><td></td><td></td><td></td></tr><tr><td>1</td><td>3</td><td>Clay</td><td></td><td></td><td></td></tr><tr><td>3</td><td>20</td><td>Fine Sand</td><td></td><td></td><td></td></tr><tr><td>20</td><td>25</td><td>Medium Sand</td><td></td><td></td><td></td></tr><tr><td>25</td><td>38</td><td>Fine Sand</td><td></td><td></td><td></td></tr><tr><td>38</td><td>55</td><td>Medium Sand</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></table>		FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0	1	Top Soil				1	3	Clay				3	20	Fine Sand				20	25	Medium Sand				25	38	Fine Sand				38	55	Medium Sand																															
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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>3-16-2007</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>3-29-2007</u> under the business name of <u>Weninger Drilling Inc.</u> by (signature) <u>Kelsey Weninger</u> .																																																																							
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.																																																																							