

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		nw ¼ sw ¼ nw ¼		33	T 26s S	R 1w E/W
Distance and direction from nearest town or city street address of well if located within city? 8607 Brookview				Global Positioning System (decimal degrees, min. of 4 digits)		
2 WATER WELL OWNER: Josh Shannon RR#, St. Address, Box # : 8607 brookview City, State, ZIP Code : Wichita, Ks 67235				Latitude: _____		
				Longitude: _____		
				Elevation: _____		
				Datum: _____		
3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:				4 DEPTH OF COMPLETED WELL 75 ft.		
				Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.		
				WELL'S STATIC WATER LEVEL 20 ft. below land surface measured on mo/day/yr		
				Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm		
				Est. Yield 50 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:						
1 Steel		3 RMP (SR)		5 Wrought Iron		8 Concrete tile
2 PVC		4 ABS		6 Asbestos-Cement		9 Other (specify below)
		7 Fiberglass				CASING JOINTS: Glued x Clamped _____
Blank casing diameter 5 in. to 63 ft., Dia						Welded _____
Casing height above land surface 12 in., Weight 2.40 lbs./ft.						Threaded _____
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
						11 Other (specify) _____
						10 Asbestos-Cement
						12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:						
1 Continuous slot		3 Mill slot		5 Guaze wrapped		7 Torch cut
2 Louvered shutter		4 Key punched		6 Wire wrapped		8 Saw Cut
						9 Drilled holes
						11 None (open hole)
SCREEN-PERFORATED INTERVALS: From 63 ft. to 75 ft. From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS: From 20 ft. to 75 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.						
What is the nearest source of possible contamination:						
1 Septic tank		4 Lateral lines		7 Pit privy		10 Livestock pens
2 Sewer lines		5 Cess pool		8 Sewage lagoon		11 Fuel storage
3 Watertight sewer lines		6 Seepage pit		9 Feedyard		12 Fertilizer storage
						13 Insecticide Storage
						14 Abandoned water well
						15 Oil well/ gas well
						16 Other (specify below)
Direction from well? west				How many feet? 30ft		
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	
0	1	Top Soil				
1	8	Clay				
8	20	Fine sand				
20	25	Clay				
25	40	Fine sand				
40	50	Gravel				
50	55	Clay				
55	63	Fine sand				
63	75	Med sand				
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) 5-21-07 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) 6-10-07						
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 .						

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