

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 nw ¼ sw ¼	22	T 26s S	R 1w E/W
Distance and direction from nearest town or city street address of well if located within city? 6914 W Childs		Global Positioning System (decimal degrees, min. of 4 digits)		
		Latitude: _____		
		Longitude: _____		
		Elevation: _____		
		Datum: _____		
		Data Collection Method: _____		

2 WATER WELL OWNER: Rod Schumock RR#, St. Address, Box # : 6914 W Childs City, State, ZIP Code : Wichita, Ks 67235	3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:
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N

NW	NE
X	
SW	SE

W E

S

4 DEPTH OF COMPLETED WELL 52 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 **40** 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
1 Steel	3 RMP (SR)	6 Asbestos-Cement
② PVC	4 ABS	7 Fiberglass
Blank casing diameter 5 in. to 42 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		
Casing height above land surface 12 in., Weight 2.40 lbs./ft. Wall thickness or gauge No. 160psi		
TYPE OF SCREEN OR PERFORATION MATERIAL:		
1 Steel	3 Stainless steel	5 Fiberglass
2 Brass	4 Galvanized steel	6 Concrete tile
⑦ PVC		
9 ABS		
11 Other (specify) _____		
SCREEN OR PERFORATION OPENINGS ARE:		
1 Continuous slot	③ Mill slot	5 Guaze wrapped
2 Louvered shutter	4 Key punched	6 Wire wrapped
7 Torch cut		
8 Saw Cut		
9 Drilled holes		
11 None (open hole)		
SCREEN-PERFORATED INTERVALS:		
From 42	ft. to 52	ft. From _____ ft. to _____ ft.
From _____	ft. to _____	ft. From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS:		
From 20	ft. to 52	ft. From _____ ft. to _____ ft.
From _____	ft. to _____	ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL:	1 Neat cement	2 Cement grout
Grout Intervals From 3 ft. to 20 ft.	From 3 Bentonite	4 Other _____
What is the nearest source of possible contamination:		
① Septic tank	4 Lateral lines	7 Pit privy
2 Sewer lines	5 Cess pool	8 Sewage lagoon
3 Watertight sewer lines	6 Seepage pit	9 Feedyard
10 Livestock pens		
11 Fuel storage		
12 Fertilizer storage		
13 Insecticide Storage		
14 Abandoned water well		
15 Oil well/ gas well		
16 Other (specify below) _____		
Direction from well? North		
How many feet? 80		

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Top soil			
3	15	Clay			
15	27	Med sand			
27	28	Clay			
28	52	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) **10-30-07** 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) **11-20-07**

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>.