

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 sw ¼ ne ¼	29	T 26s S	R 1w E/W

Distance and direction from nearest town or city street address of well if located within city? **4055 N Tyler**

2 WATER WELL OWNER: Bob Scott	Global Positioning System (decimal degrees, min. of 4 digits)
RR#, St. Address, Box # : 4055 N Tyler	Latitude: _____
City, State, ZIP Code : Maize, Ks 67101	Longitude: _____
	Elevation: _____
	Datum: _____
	Data Collection Method: _____

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL 80 ft.
	Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL 22 ft. below land surface measured on mo/day/yr Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield 150 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 x Clamped _____
1 Steel	3 RMP (SR)	6 Asbestos-Cement	Welded _____
2 PVC	4 ABS	7 Fiberglass	Threaded _____
Blank casing diameter _____ in. to _____ ft., Dia	_____ in. to _____ ft., Dia	_____ in. to _____ ft.	
Casing height above land surface 12 in., Weight 4.80 lbs./ft.	Wall thickness or gauge No. 160psi		
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)			
10 Other (specify) _____			
SCREEN-PERFORATED INTERVALS:			
From 30 ft. to 80 ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS:			
From 22 ft. to 80 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 22 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
				16 Other (specify below) Open field
Direction from well? _____		How many feet? _____		

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Top soil			
3	12	Clay			
13	50	Fine sand			
50	53	Clay			
53	80	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) 11-5-07	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) 11-30-07
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>.