

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 se ¼ ne ¼		13	T 26s S		R 1w E/W					
Distance and direction from nearest town or city street address of well if located within city? 2670 W 58th Ct N				Global Positioning System (decimal degrees, min. of 4 digits)								
2 WATER WELL OWNER: Pam Suthers RR#, St. Address, Box # : 2670 W 58th Ct N City, State, ZIP Code : Wichita, KS 67235				Latitude: _____								
				Longitude: _____								
				Elevation: _____								
				Datum: _____								
Data Collection Method: _____												
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <u>47</u> ft.										
N <table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="width: 20px;">NW</td><td style="width: 20px;">N X</td></tr> <tr><td style="width: 20px;">SW</td><td style="width: 20px;">SE</td></tr> </table> S W E		NW	N X	SW	SE	Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL <u>16</u> ft. below land surface measured on mo/day/yr _____ Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield <u>20</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						
		NW	N X									
		SW	SE									
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>x</u> ; If yes, mo/day/yr _____										
		Sample was submitted _____ Water Well Disinfected? Yes <u>x</u> No _____										
5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued <u>x</u> Clamped _____ 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) _____ Welded _____ ② PVC 4 ABS 7 Fiberglass _____ Threaded _____ Blank casing diameter <u>5</u> in. to <u>37</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface <u>12</u> in., Weight <u>2.40</u> lbs./ft. Wall thickness or gauge No. <u>160psi</u>												
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 Gauge 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 <u>37</u> ft. to <u>47</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>29</u> ft. to <u>47</u> 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 <u>3</u> ft. to <u>29</u> 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? <u>East</u> How many feet? <u>15ft</u>												
FROM		TO		LITHOLOGIC LOG		FROM		TO		PLUGGING INTERVALS		
0		1		Top soil								
1		5		Clay								
5		28		Med Sand								
28		29		Clay								
29		33		Fine Sand								
33		47		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) <u>3-10-09</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>4-2-09</u> under the business name of <u>Weninger Drilling Inc.</u> 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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