WATER WELL RECORD Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: **Sedgwick** | Fraction: **nw ¼ sw ¼ se ¼** | Section Number: **30** | Township Number: T **26s** S | Range Number: R **1w** E/W

Distance and direction from nearest town or city street address of well if located within city?
3842 N Rutgers

Global Positioning System (decimal degrees, min. of 4 digits)
Latitude:
Longitude:
Elevation:
Datum:
Data Collection Method:

2 WATER WELL OWNER: **Glen Welch**
RR#, St. Address, Box # : 1409 S Shiloh
City, State, ZIP Code : Wichita, Ks 67235

3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:

N / NW / NE / W / E / SW / X / SE / S

4 DEPTH OF COMPLETED WELL **63** ft.

Depth(s) Groundwater Encountered 1 ____ ft. 2 ____ ft. 3 ____ ft.
WELL'S STATIC WATER LEVEL **28** ft. below land surface measured on mo/day/yr ____
Pump test data: Well water was ____ ft. after ____ hours pumping ____ gpm
Est. Yield **20** 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/yrs
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 9 Other (specify below) Welded ____
(2) PVC 4 ABS 7 Fiberglass ____ Threaded ____
Blank casing diameter **5** in. to **53** 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 (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 Guaze 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 **53** ft. to **63** ft. From ____ ft. to ____ ft.
From ____ ft. to ____ ft. From ____ ft. to ____ ft.
GRAVEL PACK INTERVALS: From **28** ft. to **73** 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 **28** 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? **East** How many feet? **15**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Top soil			
3	24	Clay			
24	42	Fine sand			
42	63	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) **7-2-08** 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) **7-19-08** 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.

White Copy

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