

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 ne ¼	27	T 26S S	R 1W E/W
Distance and direction from nearest town or city street address of well if located within city? 6014 W Driftwood ct Wichita, Ks		Global Positioning System (decimal degrees, min. of 4 digits)		
		Latitude: _____		
		Longitude: _____		
		Elevation: _____		
		Datum: _____		
		Data Collection Method: _____		

2 WATER WELL OWNER: Myra Gonzales	
RR#, St. Address, Box # : 6014 W Driftwood ct	
City, State, ZIP Code : Wichita, Ks.	

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL 32 ft.
	Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.
	WELL'S STATIC WATER LEVEL 14 ft. below land surface measured on mo/day/yr 4/10/10
	Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
	Est. Yield 30 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 X 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 _____
X 2 PVC	4 ABS	7 Fiberglass	Threaded _____
Blank casing diameter 5 in. to 22 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.			
Casing height above land surface 12 in., Weight 2.4 lbs./ft. Wall thickness or gauge No. 160 psi			

TYPE OF SCREEN OR PERFORATION MATERIAL:			
1 Steel	3 Stainless steel	5 Fiberglass	X 6 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	X 2 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 22 ft. to 32 ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS:			
From 22 ft. to 32 ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.

6 GROUT MATERIAL:	1 Neat cement	2 Cement grout	X 3 Bentonite	4 Other _____
Grout Intervals From 2 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
X 3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage	15 Oil well/ gas well
Direction from well? North		How many feet? 75		

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Topsoil			
3	16	Brown Clay			
16	32	Med sand			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (X) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 4/11/10 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) 5/10/10
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

KSA 82a-1212

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