

# WATER WELL RECORD Form WWC-5

Original Record  Correction  Change in Well Use

Division of Water  
Resources App. No.

Well ID

**1 LOCATION OF WATER WELL:**  
 County: **SEDGWICK**      Fraction **SW 1/4 SW 1/4 SW 1/4 NE 1/4**      Section Number **12**      Township Number **T 26 S**      Range Number **R 1 E W**

**2 WELL OWNER:** Last Name: **BOB COOK HOMES**      First: \_\_\_\_\_  
 Business: **BOB COOK HOMES**      Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:   
 Address: **121 S WATER**      **6640 N SHERIDAN**  
 Address: \_\_\_\_\_      **WICHITA, KS 67204**  
 City: **DERBY**      State: **KS**      ZIP: **67037**

**3 LOCATE WELL WITH "X" IN SECTION BOX:**  
 N  
  
 W      E  
 S  
 1 mile

**4 DEPTH OF COMPLETED WELL:** ..... **54** ..... ft.  
 Depth(s) Groundwater Encountered: 1) ..... **22** ..... ft.  
 2) ..... ft. 3) ..... ft., or 4)  Dry Well  
 WELL'S STATIC WATER LEVEL: ..... **17** ..... ft.  
 below land surface, measured on (mo-day-yr) **05/05/2016**  
 above land surface, measured on (mo-day-yr).....  
 Pump test data: Well water was ..... ft.  
 after ..... hours pumping ..... gpm  
 Well water was ..... ft.  
 after ..... hours pumping ..... gpm  
 Estimated Yield: ..... **25** ..... gpm  
 Bore Hole Diameter: ..... **9.5** ..... in. to ..... **54** ..... ft. and  
 ..... in. to ..... ft.

**5 Latitude:** ..... (decimal degrees)  
**Longitude:** ..... (decimal degrees)  
 Horizontal Datum:  WGS 84  NAD 83  NAD 27  
 Source for Latitude/Longitude:  
 GPS (unit make/model: .....)  
 (WAAS enabled?  Yes  No)  
 Land Survey  Topographic Map  
 Online Mapper: .....

**6 Elevation:** ..... ft.  Ground Level  TOC  
 Source:  Land Survey  GPS  Topographic Map  
 Other .....

**7 WELL WATER TO BE USED AS:**

1. Domestic: <input checked="" type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock	2. <input type="checkbox"/> Irrigation	3. <input type="checkbox"/> Feedlot	4. <input type="checkbox"/> Industrial	5. <input type="checkbox"/> Public Water Supply: well ID .....	6. <input type="checkbox"/> Dewatering: how many wells? .....	7. <input type="checkbox"/> Aquifer Recharge: well ID .....	8. <input type="checkbox"/> Monitoring: well ID .....	9. Environmental Remediation: well ID .....	10. <input type="checkbox"/> Oil Field Water Supply: lease .....	11. Test Hole: well ID .....	12. Geothermal: how many bores? .....	13. <input type="checkbox"/> Other (specify): .....
								<input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction			a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical	b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water
								<input type="checkbox"/> Recovery <input type="checkbox"/> Injection				

Was a chemical/bacteriological sample submitted to KDHE?  Yes  No      If yes, date sample was submitted: .....

Water well disinfected?  Yes  No

**8 TYPE OF CASING USED:**  Steel  PVC  Other ..... CASING JOINTS:  Glued  Clamped  Welded  Threaded  
 Casing diameter ..... **5** ..... in. to ..... **54** ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
 Casing height above land surface ..... **12** ..... in.      Weight ..... lbs./ft.      Wall thickness or gauge No. **SDR-26**.....

TYPE OF SCREEN OR PERFORATION MATERIAL:  
 Steel     Stainless Steel     Fiberglass     PVC     Other (Specify) .....  
 Brass     Galvanized Steel     Concrete tile     None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:  
 Continuous Slot     Mill Slot     Gauze Wrapped     Torch Cut     Drilled Holes     Other (Specify) .....  
 Louvered Shutter     Key Punched     Wire Wrapped     Saw Cut     None (Open Hole)

SCREEN-PERFORATED INTERVALS: From **40** ..... ft. to **54** ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
 GRAVEL PACK INTERVALS: From **23** ..... ft. to **54** ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**9 GROUT MATERIAL:**  Neat cement     Cement grout     Bentonite     Other .....

Grout Intervals: From **3** ..... ft. to **23** ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

Nearest source of possible contamination:  
 Septic Tank     Lateral Lines     Pit Privy     Livestock Pens     Insecticide Storage  
 Sewer Lines     Cess Pool     Sewage Lagoon     Fuel Storage     Abandoned Water Well  
 Watertight Sewer Lines     Seepage Pit     Feedyard     Fertilizer Storage     Oil Well/Gas Well  
 Other (Specify) .....

Direction from well? **EAST** ..... Distance from well? **150+** ..... ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	1	TOP SOIL			
1	8	CLAY			
8	16	FINE SAND			
16	23	MED SAND			
23	48	GRAVEL			
48	54	SHALE			
Notes:					

**11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was  constructed,  reconstructed, or  plugged under my jurisdiction and was completed on (mo-day-year) **05/05/2016** ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **884**..... This Water Well Record was completed on (mo-day-year) **05/05/2016**..... under the business name of **WENINGER DRILLING, LLC**..... Signature .....

Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.