

## WATER WELL RECORD

## Form WWC-5

Division of Water Resources; App. No.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                |      |                                                                                        |                    |                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------------|------|----------------------------------------------------------------------------------------|--------------------|---------------------------------------------|
| <b>1 LOCATION OF WATER WELL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                        |    | Fraction       |      | Section Number                                                                         | Township Number    | Range Number                                |
| County: <b>Sedgwick</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |    | SW NE NW       |      | <b>4</b>                                                                               | T <b>27s</b> S     | R <b>1w</b> E/W                             |
| Distance and direction from nearest town or city street address of well if located within city?<br><b>2906 fossil rim</b>                                                                                                                                                                                                                                                                                                                                               |    |                |      | <b>Global Positioning System</b> (decimal degrees, min. of 4 digits)                   |                    |                                             |
| <b>2 WATER WELL OWNER: Jon Griffith</b><br>RR#, St. Address, Box # : <b>2906 N fossil Rim St</b><br>City, State, ZIP Code : <b>Wichita, Ks 67235</b>                                                                                                                                                                                                                                                                                                                    |    |                |      | Latitude: _____                                                                        |                    |                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                |      | Longitude: _____                                                                       |                    |                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                |      | Elevation: _____                                                                       |                    |                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                |      | Datum: _____                                                                           |                    |                                             |
| <b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>                                                                                                                                                                                                                                                                                                                                                                                                             |    |                |      | <b>4 DEPTH OF COMPLETED WELL 85 ft.</b>                                                |                    |                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                |      | Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.                   |                    |                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                |      | WELL'S STATIC WATER LEVEL <b>28</b> ft. below land surface measured on mo/day/yr _____ |                    |                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                |      | Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm           |                    |                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                |      | Est. Yield <b>30</b> 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 <b>x</b> ; If yes, mo/day/yr _____                                                                                                                                                                                                                                                                                                                                                          |    |                |      |                                                                                        |                    |                                             |
| Sample was submitted _____                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                |      | Water Well Disinfected? Yes <b>x</b> No _____                                          |                    |                                             |
| <b>5 TYPE OF CASING USED:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                           |    | 5 Wrought Iron |      | 8 Concrete tile                                                                        |                    | CASING JOINTS: Glued <b>x</b> Clamped _____ |
| 1 Steel                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |    | 3 RMP (SR)     |      | 6 Asbestos-Cement                                                                      |                    | Welded _____                                |
| 2 PVC                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    | 4 ABS          |      | 7 Fiberglass                                                                           |                    | Threaded _____                              |
| Blank casing diameter <b>5</b> in. to <b>70</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.                                                                                                                                                                                                                                                                                                                                                             |    |                |      |                                                                                        |                    |                                             |
| Casing height above land surface <b>12</b> in., Weight <b>2.40</b> lbs./ft. Wall thickness or gauge No. <b>160psi</b>                                                                                                                                                                                                                                                                                                                                                   |    |                |      |                                                                                        |                    |                                             |
| <b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |    |                |      |                                                                                        |                    |                                             |
| 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)                                                                                                                                                                                                                                                                                                                                                                        |    |                |      |                                                                                        |                    |                                             |
| <b>SCREEN OR PERFORATION OPENINGS ARE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                |      |                                                                                        |                    |                                             |
| 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) _____                                                                                                                                                                                                                                                                                                                                                                                      |    |                |      |                                                                                        |                    |                                             |
| <b>SCREEN-PERFORATED INTERVALS:</b> From <b>70</b> ft. to <b>85</b> ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                     |    |                |      |                                                                                        |                    |                                             |
| <b>GRAVEL PACK INTERVALS:</b> From <b>28</b> ft. to <b>85</b> ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                           |    |                |      |                                                                                        |                    |                                             |
| From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |                |      |                                                                                        |                    |                                             |
| <b>6 GROUT MATERIAL:</b> 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____                                                                                                                                                                                                                                                                                                                                                                                         |    |                |      |                                                                                        |                    |                                             |
| Grout Intervals From <b>3</b> ft. to <b>28</b> 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? <b>south</b> How many feet? <b>38ft</b>                                                                                                                                                                                                                                                                                                                                                                                                            |    |                |      |                                                                                        |                    |                                             |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TO | LITHOLOGIC LOG | FROM | TO                                                                                     | PLUGGING INTERVALS |                                             |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1  | Top Soil       |      |                                                                                        |                    |                                             |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 8  | clay           |      |                                                                                        |                    |                                             |
| 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 40 | Fine sand      |      |                                                                                        |                    |                                             |
| 40                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 60 | Med sand       |      |                                                                                        |                    |                                             |
| 60                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 62 | Clay           |      |                                                                                        |                    |                                             |
| 62                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 70 | Fine sand      |      |                                                                                        |                    |                                             |
| 70                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 85 | Med sand       |      |                                                                                        |                    |                                             |
| <b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>5-21-07</b> and this record is true to the best of my knowledge and belief.                                                                                                                                                                                                      |    |                |      |                                                                                        |                    |                                             |
| Kansas Water Well Contractor's License No. <b>740</b> This Water Well Record was completed on (mo/day/year) <b>6-18-07</b>                                                                                                                                                                                                                                                                                                                                              |    |                |      |                                                                                        |                    |                                             |
| under the business name of <b>Weninger Drilling Inc.</b> by (signature) _____                                                                                                                                                                                                                                                                                                                                                                                           |    |                |      |                                                                                        |                    |                                             |
| <b>INSTRUCTIONS:</b> 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 <a href="http://www.kdheks.gov/waterwell">http://www.kdheks.gov/waterwell</a> . |    |                |      |                                                                                        |                    |                                             |

White Copy

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