

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 se ¼		31	T 27s S	R 1w E/W																																																																		
Distance and direction from nearest town or city street address of well if located within city? 2125 S Lark				Global Positioning System (decimal degrees, min. of 4 digits)																																																																				
2 WATER WELL OWNER: Josh Parsons RR#, St. Address, Box # : 2125 S Lark City, State, ZIP Code : Wichita KS 67235				Latitude: _____																																																																				
				Longitude: _____																																																																				
				Elevation: _____																																																																				
				Datum: _____																																																																				
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:				4 DEPTH OF COMPLETED WELL <u>57</u> ft.																																																																				
				Depth(s) Groundwater Encountered _____ ft. 2 _____ ft. 3 _____ ft.																																																																				
				WELL'S STATIC WATER LEVEL <u>20</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)																																																																				
☒ Irrigation 4 Industrial <u>7 Domestic (lawn & garden)</u> 10 Monitoring well																																																																								
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:																																																																								
1 Steel		3 RMP (SR)		6 Asbestos-Cement		9 Other (specify below)																																																																		
<u>2</u> PVC		4 ABS		7 Fiberglass																																																																				
Blank casing diameter <u>5</u> in. to <u>57</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>160</u> psi																																																																								
TYPE OF SCREEN OR PERFORATION MATERIAL:																																																																								
1 Steel		3 Stainless steel		5 Fiberglass		<u>7</u> PVC																																																																		
2 Brass		4 Galvanized steel		6 Concrete tile		8 RM (SR)																																																																		
						9 ABS																																																																		
						11 Other (specify)																																																																		
SCREEN OR PERFORATION OPENINGS ARE:																																																																								
1 Continuous slot		<u>3</u> Mill slot		5 Gauge wrapped		7 Torch cut																																																																		
2 Louvered shutter		4 Key punched		6 Wire wrapped		8 Saw Cut																																																																		
						9 Drilled holes																																																																		
						11 None (open hole)																																																																		
SCREEN-PERFORATED INTERVALS:																																																																								
From _____		ft. to <u>44</u>		ft. From _____		ft. to _____																																																																		
From _____		ft. to _____		ft. From _____		ft. to _____																																																																		
GRAVEL PACK INTERVALS:																																																																								
From _____		ft. to <u>20</u>		ft. From _____		ft. to _____																																																																		
From _____		ft. to _____		ft. From _____		ft. to _____																																																																		
6 GROUT MATERIAL:																																																																								
1 Neat cement		2 Cement grout		<u>3</u> Bentonite		4 Other																																																																		
Grout Intervals From <u>3</u> ft. to <u>20</u> 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																																																																		
2 Sewer lines		5 Cess pool		8 Sewage lagoon		11 Fuel storage																																																																		
<u>3</u> Watertight sewer lines		6 Seepage pit		9 Feedyard		12 Fertilizer storage																																																																		
						13 Insecticide Storage																																																																		
						14 Abandoned water well																																																																		
						15 Oil well/ gas well																																																																		
						16 Other (specify below)																																																																		
Direction from well? West				How many feet? <u>20</u>																																																																				
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>1</td> <td>Top soil</td> <td></td> <td></td> <td></td> </tr> <tr> <td>1</td> <td>11</td> <td>Clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>11</td> <td>25</td> <td>Fine sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>25</td> <td>38</td> <td>Med sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>38</td> <td>41</td> <td>Clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>41</td> <td>55</td> <td>Med sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>55</td> <td>57</td> <td>Clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>							FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0	1	Top soil				1	11	Clay				11	25	Fine sand				25	38	Med sand				38	41	Clay				41	55	Med sand				55	57	Clay																					
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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>3-22-08</u> and this record is true to the best of my knowledge and be																																																																								
Kansas Water Well Contractor's License No. <u>740</u> This Water Well Record was completed on (mo/day/year) <u>4-1-08</u>																																																																								
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. Fe \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell .																																																																								

White Copy

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