

## WATER WELL RECORD Form WWC-5

☒ Original Record ☐ Correction ☐ Change in Well UseDivision of Water  
Resources App. No.

Well ID

## 1 LOCATION OF WATER WELL:

County: Sedgwick

Fraction

1/4 NE 1/4 Sec 18

Section Number

Township Number

T 27 S

Range Number

R 1 E W

## 2 WELL OWNER: Last Name:

First:

Business:

Address:

Address:

City:

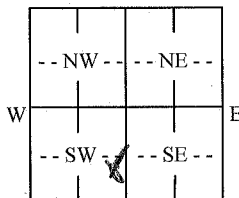
State:

ZIP:

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: ☒

## 3 LOCATE WELL WITH "X" IN SECTION BOX:

N



S

[-----] mile-----

4 DEPTH OF COMPLETED WELL: 70 ft.

Depth(s) Groundwater Encountered: 1) ..... ft.

2) ..... ft. 3) ..... ft. or 4) ☐ Dry WellWELL'S STATIC WATER LEVEL: 27 ft.☒ below land surface, measured on (mo-day-yr) 4-25-13☐ 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: 40 gpmBore Hole Diameter: 12 in. to 70 ft. and

..... in. to ..... ft.

## 5 Latitude: ..... (decimal degrees)

Longitude: ..... (decimal degrees)

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 ☐ TOCSource: ☐ Land Survey ☐ GPS ☐ Topographic Map☐ Other .....

## 7 WELL WATER TO BE USED AS:

1. Domestic:

☐ Household☒ Lawn & Garden☐ Livestock2. ☐ Irrigation3. ☐ Feedlot4. ☐ Industrial5. ☐ Public Water Supply: well ID .....6. ☐ Dewatering: how many wells? .....7. ☐ Aquifer Recharge: well ID .....8. ☐ Monitoring: well ID .....

9. Environmental Remediation: well ID .....

☐ Air Sparge☐ Soil Vapor Extraction☐ Recovery☐ Injection10. ☐ Oil Field Water Supply: lease .....

11. Test Hole: well ID .....

☐ Cased ☐ Uncased ☐ Geotechnical

12. Geothermal: how many bores? .....

a) Closed Loop ☐ Horizontal ☐ Verticalb) Open Loop ☐ Surface Discharge ☐ Inj. of Water13. ☐ Other (specify): .....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 diameter 5 in. to 60 ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.Casing height above land surface 12 in. Weight 2.4 lbs./ft. Wall thickness or gauge No. 160psi

## 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 60 ft. to 20 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.GRAVEL PACK INTERVALS: From 27 ft. to 20 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

## 9 GROUT MATERIAL:

☐ Neat cement☐ Cement grout☒ Bentonite☐ Other .....Grout Intervals: From 3 ft. to 27 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? Wash Distance from well? 10' ft.

| 10 FROM | TO | LITHOLOGIC LOG | FROM   | TO | LITHO. LOG (cont.) or PLUGGING INTERVALS |
|---------|----|----------------|--------|----|------------------------------------------|
| 0       | 3  | Top Soil       |        |    |                                          |
| 3       | 27 | Clay           |        |    |                                          |
| 27      | 44 | Med Sand       |        |    |                                          |
| 44      | 58 | Clay           |        |    |                                          |
| 58      | 70 | Med Sand       |        |    |                                          |
|         |    |                | 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-yr) 4-25-13 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-yr) 4-25-13 under the business name of Weninger Drilling Inc gonveneringer

INSTRUCTIONS: Send one copy to WATER WELL OWNER and retain one copy for your records. Submit fee of \$5.00 for each constructed well along with one (white) copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone (785) 296-3565.

Visit us at <http://www.kdheks.gov/waterwell/index.html>

KSA 82a-1212

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