

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No. [REDACTED]

1 LOCATION OF WATER WELL:

County: Sedgwick NW N 1/2 1/4 NW 1/4 NW 1/4Section Number 13Township Number T 27SRange Number R 2EDistance and direction from nearest town or city street address of well if located within city? 1329 N. Forestview Ct. Wichita, ks.

Global Positioning Systems (decimal degrees, min. of 4 digits)

Latitude: _____

Longitude: _____

Elevation: _____

Datum: _____

Data Collection Method: _____

2 WATER WELL OWNER:

RR#, St. Address, Box # : Kevin May 1329 N Forestview Ct
City, State, ZIP Code : Wichita, KS

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

X		

W E

 S

4 DEPTH OF COMPLETED WELL ft.

Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.

WELL'S STATIC WATER LEVEL..... ft. below land surface measured on mo/day/yr.....

Pump test data: Well water was..... ft. after..... hours pumping..... gpm

Est. Yield..... 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 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)

2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring wellWas a chemical/bacteriological sample submitted to Department? Yes No X.....; If yes, mo/day/yrSample was submitted..... Water well disinfected? Yes X..... No

5 TYPE OF CASING USED:

1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below)

2 PVC 4 ABS 7 Fiberglass

Blank casing diameter in. to ft., Diameter in. to ft., Diameter in. to ft.

Casing height above land surface..... in., weight..... lbs./ft. Wall thickness or gauge No. 100 ps

TYPE OF SCREEN OR PERFORATION MATERIAL:

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)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot 3 Mill slot 5. Guazed 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)

SCREEN-PERFORATED INTERVALS: From..... ft. to..... ft., From..... ft. to..... ft.

From..... ft. to..... ft., From..... ft. to..... ft.

GRAVEL PACK INTERVALS: From..... ft. to..... ft., From..... ft. to..... ft.

From..... ft. to..... ft., From..... ft. to..... ft.

6 GROUT MATERIAL:

1 Neat cement 2 Cement grout 3 Bentonite 4 Other

Grout Intervals: 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 16 Other (specify

2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well below)

3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil wll/gas wellDirection from well? North East How many feet? 14 ft

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Top Soil			
3	28	Clay			
28	40	fine Sand			
40	62	Med Sand			

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) 4-20-06 and this record is true to the best of my knowledge and belief.Kansas Water Well Contractor's License No. 710 This Water Well Recorded was completed on (mo/day/year) 5-6-06Under the business name of Wenger Drilling Inc. by (signature) [Signature]

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline 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.