

# 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 |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |             |  |  |  |    |    |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| County: <b>Sedgwick</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    | NW ¼ NW ¼ NE ¼                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      | <b>23</b>                                                            | T 27 S             | R 2 E (W)    |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |             |  |  |  |    |    |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Distance and direction from nearest town or city street address of well if located within city?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      | <b>Global Positioning System</b> (decimal degrees, min. of 4 digits) |                    |              |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |             |  |  |  |    |    |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>2 WATER WELL OWNER: Jeremy Spexarth</b><br>RR#, St. Address, Box # : 14303 W. Taylor<br>City, State, ZIP Code : Wichita, KS 67235                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      | Latitude: _____                                                      |                    |              |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |             |  |  |  |    |    |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Data Collection Method: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      |                                                                      |                    |              |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |             |  |  |  |    |    |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    | <b>4 DEPTH OF COMPLETED WELL 62 ft.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |                                                                      |                    |              |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |             |  |  |  |    |    |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    | Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.<br>WELL'S STATIC WATER LEVEL <b>20</b> ft. below land surface measured on mo/day/yr<br>Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm<br>Est. Yield <b>35</b> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm<br>WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well<br>1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)<br>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 _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |                                                                      |                    |              |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |             |  |  |  |    |    |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>5 TYPE OF CASING USED:</b> 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued <b>x</b> Clamped<br>1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded<br>2 PVC 4 ABS 7 Fiberglass Threaded<br>Blank casing diameter <b>5</b> in. to <b>52</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.<br>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><br>1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 9 ABS 11 Other (specify)<br>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><br>1 Continuous slot 3 Mill slot 5 Guaze wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)<br>2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      |                                                                      |                    |              |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |             |  |  |  |    |    |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>SCREEN-PERFORATED INTERVALS:</b> From <b>52</b> ft. to <b>62</b> ft. From _____ ft. to _____ ft.<br>From _____ ft. to _____ ft. From _____ ft. to _____ ft.<br><b>GRAVEL PACK INTERVALS:</b> From <b>20</b> ft. to <b>62</b> ft. From _____ ft. to _____ ft.<br>From _____ ft. to _____ ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      |                                                                      |                    |              |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |             |  |  |  |    |    |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>6 GROUT MATERIAL:</b> 1 Neat cement 2 Cement grout 3 Bentonite 4 Other<br>Grout Intervals From <b>3</b> ft. to <b>20</b> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.<br>What is the nearest source of possible contamination:<br>1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify below)<br>2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well<br>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>15ft</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      |                                                                      |                    |              |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |             |  |  |  |    |    |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <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>28</td> <td>Clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>28</td> <td>35</td> <td>Fine Sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>35</td> <td>45</td> <td>Medium Sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>45</td> <td>62</td> <td>Shale</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> <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 | 28 | Clay |  |  |  | 28 | 35 | Fine Sand |  |  |  | 35 | 45 | Medium Sand |  |  |  | 45 | 62 | Shale |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | TO | LITHOLOGIC LOG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FROM | TO                                                                   | PLUGGING INTERVALS |              |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |             |  |  |  |    |    |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1  | Top Soil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |                                                                      |                    |              |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |             |  |  |  |    |    |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 28 | Clay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      |                                                                      |                    |              |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |             |  |  |  |    |    |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 28                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 35 | Fine Sand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      |                                                                      |                    |              |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |             |  |  |  |    |    |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 35                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 45 | Medium Sand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |                                                                      |                    |              |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |             |  |  |  |    |    |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 45                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 62 | Shale                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |                                                                      |                    |              |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |             |  |  |  |    |    |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <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>3-2-2007</b> and this record is true to the best of my knowledge and belief.<br>Kansas Water Well Contractor's License No. <b>740</b> This Water Well Record was completed on (mo/day/year) <b>3-26-2007</b><br>under the business name of <b>Weninger Drilling Inc.</b> by (signature) <i>Kelsey Weninger</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      |                                                                      |                    |              |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |             |  |  |  |    |    |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <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> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      |                                                                      |                    |              |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |             |  |  |  |    |    |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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