

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		sw ¼ ne ¼ sw ¼	26	T 27s S	R 2w E/W
Distance and direction from nearest town or city street address of well if located within city? 13917 w taft			Global Positioning System (decimal degrees, min. of 4 digits)		
2 WATER WELL OWNER: Chris Brown			Latitude: _____		
RR#, St. Address, Box # : 13917 W Taft			Longitude: _____		
City, State, ZIP Code : Wichita, Ks 67235			Elevation: _____		
			Datum: _____		
			Data Collection Method: _____		

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL 105 ft.	
	Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.	
	WELL'S STATIC WATER LEVEL 26 ft. below land surface measured on mo/day/yr _____	
	Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield 18 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 x ; If yes, mo/day/yr _____		
Sample was submitted _____ Water Well Disinfected? Yes x No _____		

5 TYPE OF CASING USED:		5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued x Clamped _____
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below) _____	Welded _____
2 PVC	4 ABS	7 Fiberglass		Threaded _____
Blank casing diameter 5 in. to 25 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.				
Casing height above land surface 12 in., Weight 2.40 lbs./ft. Wall thickness or gauge No. 160psi				
TYPE OF SCREEN OR PERFORATION MATERIAL:				
1 Steel	3 Stainless steel	5 Fiberglass	7 PVC	9 ABS
2 Brass	4 Galvanized steel	6 Concrete tile	8 RM (SR)	10 Asbestos-Cement
11 Other (specify) _____				
SCREEN OR PERFORATION OPENINGS ARE:				
1 Continuous slot	3 Mill slot	5 Guaze wrapped	7 Torch cut	9 Drilled holes
2 Louvered shutter	4 Key punched	6 Wire wrapped	8 Saw Cut	10 Other (specify) _____
SCREEN-PERFORATED INTERVALS: From 25 ft. to 105 ft. From _____ ft. to _____ ft.				
GRAVEL PACK INTERVALS: From 26 ft. to 105 ft. From _____ ft. to _____ ft.				

6 GROUT MATERIAL:		1 Neat cement	2 Cement grout	3 Bentonite	4 Other _____
Grout Intervals From 3 ft. to 26 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? _____		How many feet? _____			

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Top soil			
3	18	clay			
18	27	Fine sand			
27	50	Blue shale			
50	105	Gray shale			

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) **9-12-07** 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/year) **9-26-07** 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. Fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell>.

White Copy

KSA 82a-1212

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