

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		se ¼ ne ¼ sw ¼	36	T 27s S	R 2w E/W
Distance and direction from nearest town or city street address of well if located within city? 12121 W Jewell Ct			Global Positioning System (decimal degrees, min. of 4 digits)		
			Latitude: _____		
			Longitude: _____		
			Elevation: _____		
			Datum: _____		
			Data Collection Method: _____		

2 WATER WELL OWNER: **Sean Likely**
 RR#, St. Address, Box # : **12121 W Jewell Ct**
 City, State, ZIP Code : **Wichita, Ks 67235**

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL 100 ft.	
	Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.	
	WELL'S STATIC WATER LEVEL 28 ft. below land surface measured on mo/day/yr _____	
	Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm	
	Est. Yield 20 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 80 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) _____				
12 None used (open hole)				
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)
11 None (open hole)				
SCREEN-PERFORATED INTERVALS: From 80 ft. to 100 ft. From _____ ft. to _____ ft.				
GRAVEL PACK INTERVALS: From 28 ft. to 100 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 **3** ft. to **28** 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 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? **East** How many feet? **15**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Top soil			
1	85	Clay			
85	100	Med gravel			

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) **11-10-07** 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) **12-5-07** 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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