

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		ne ¼ se ¼ se ¼		11	T 27s S	R 2w E/W																																																																														
Distance and direction from nearest town or city street address of well if located within city? 13603 W Kiwi St				Global Positioning System (decimal degrees, min. of 4 digits)																																																																																
2 WATER WELL OWNER: Mollie Wilkerson RR#, St. Address, Box # : 13603 W Kiwi St City, State, ZIP Code : Wichita, Ks 67235				Latitude: _____																																																																																
				Longitude: _____																																																																																
				Elevation: _____																																																																																
				Datum: _____																																																																																
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:				4 DEPTH OF COMPLETED WELL 63 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:																																																																																				
1 Steel		3 RMP (SR)		6 Asbestos-Cement		8 Concrete tile																																																																														
2 PVC		4 ABS		7 Fiberglass		9 Other (specify below)																																																																														
Blank casing diameter 5 in. to 53 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																																																																														
2 Brass		4 Galvanized steel		6 Concrete tile		8 RM (SR)																																																																														
3 Screened openings ARE:		1 Continuous slot		3 Mill slot		5 Guaze wrapped																																																																														
2 Louvered shutter		4 Key punched		6 Wire wrapped		7 Torch cut																																																																														
SCREEN-PERFORATED INTERVALS:		From 53 ft. to 63 ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.																																																																														
GRAVEL PACK INTERVALS:		From 28 ft. to 63 ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.																																																																														
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GRAVEL PACK INTERVALS:		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 3 ft. to 28 ft.		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																																																																														
2 Sewer lines		5 Cess pool		8 Sewage lagoon		11 Fuel storage																																																																														
3 Watertight sewer lines		6 Seepage pit		9 Feedyard		12 Fertilizer storage																																																																														
Direction from well? South		How many feet? 15		13 Insecticide Storage		16 Other (specify below)																																																																														
14 Abandoned water well		15 Oil well/ gas well		16 Other (specify below)																																																																																
<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>3</td> <td>Top soil</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td>28</td> <td>Clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>28</td> <td>42</td> <td>Fine sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>42</td> <td>63</td> <td>Med sand</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> <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	3	Top soil				3	28	Clay				28	42	Fine sand				42	63	Med sand																																																			
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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) 3-8-08 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) 3-27-08																																																																																				
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

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