

**Form WWC-5**

Division of Water Resources; App. No.

| <b>1 LOCATION OF WATER WELL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    | Fraction <b>sw 1/4 se 1/4 ne 1/4</b>    |      | Section Number <b>11</b>                                                                                                                                                         | Township Number <b>T 27s S</b> | Range Number <b>R 2w E/W</b> |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| County: <b>Sedgwick</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |                                         |      | Distance and direction from nearest town or city street address of well if located within city?<br><b>13906 W Westport Ct</b>                                                    |                                |                              |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>2 WATER WELL OWNER: Josh Curtis</b><br>RR#, St. Address, Box # : <b>13906 W Westport Ct</b><br>City, State, ZIP Code : <b>Wichita, Ks 67212</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    |                                         |      | <b>Global Positioning System</b> (decimal degrees, min. of 4 digits)<br>Latitude: _____<br>Longitude: _____<br>Elevation: _____<br>Datum: _____<br>Data Collection Method: _____ |                                |                              |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    | <b>4 DEPTH OF COMPLETED WELL 82 ft.</b> |      |                                                                                                                                                                                  |                                |                              |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <div style="text-align: center;">             N<br/> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px;">NW</td> <td style="padding: 5px;">NE</td> </tr> <tr> <td style="padding: 5px; text-align: center;">X</td> <td></td> </tr> <tr> <td style="padding: 5px;">SW</td> <td style="padding: 5px;">SE</td> </tr> </table>             S<br/>             W                      E           </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    | NW                                      | NE   | X                                                                                                                                                                                |                                | SW                           | SE   | Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.<br>WELL'S STATIC WATER LEVEL <b>30</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>20</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 <b>7</b> Domestic (lawn & garden) 10 Monitoring well _____ |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |    | NW                                      | NE   |                                                                                                                                                                                  |                                |                              |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |    | SW                                      | SE   |                                                                                                                                                                                  |                                |                              |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>x</b> ; If yes, mo/day/yr _____<br>Sample was submitted _____ Water Well Disinfected? Yes <b>x</b> No _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    |                                         |      |                                                                                                                                                                                  |                                |                              |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <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><b>2</b> PVC 4 ABS 7 Fiberglass _____ Threaded _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |    |                                         |      |                                                                                                                                                                                  |                                |                              |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Blank casing diameter <b>5</b> in. to <b>72</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 <b>7</b> 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 <b>3</b> 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>72</b> ft. to <b>82</b> ft. From _____ ft. to _____ ft.<br>From _____ ft. to _____ ft. From _____ ft. to _____ ft.<br><b>GRAVEL PACK INTERVALS:</b> From <b>30</b> ft. to <b>82</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 <b>3</b> Bentonite 4 Other _____<br>Grout Intervals From <b>3</b> ft. to <b>30</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><b>x</b> 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well _____<br>Direction from well? <b>North</b> How many feet? <b>15</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>39</td> <td>clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>39</td> <td>74</td> <td>Fine sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>74</td> <td>82</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> </tbody> </table> |    |                                         |      |                                                                                                                                                                                  |                                |                              | FROM | TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS | 0 | 1 | Top soil |  |  |  | 1 | 39 | clay |  |  |  | 39 | 74 | Fine sand |  |  |  | 74 | 82 | Med Sand |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | TO | LITHOLOGIC LOG                          | FROM | TO                                                                                                                                                                               | PLUGGING INTERVALS             |                              |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1  | Top soil                                |      |                                                                                                                                                                                  |                                |                              |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 39 | clay                                    |      |                                                                                                                                                                                  |                                |                              |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 39                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 74 | Fine sand                               |      |                                                                                                                                                                                  |                                |                              |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 74                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 82 | Med Sand                                |      |                                                                                                                                                                                  |                                |                              |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <b>1</b> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>9-1-09</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>9-20-09</b><br>under the business name of <b>Weninger Drilling Inc.</b> by (signature) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |                                         |      |                                                                                                                                                                                  |                                |                              |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <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> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |                                         |      |                                                                                                                                                                                  |                                |                              |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |