

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	23	T 27s S	R 2w E/W																																																																																				
Distance and direction from nearest town or city street address of well if located within city? 108 N Fawnwood			Global Positioning System (decimal degrees, min. of 4 digits)																																																																																						
2 WATER WELL OWNER: Cook Homes			Latitude: _____																																																																																						
RR#, St. Address, Box # : 121 S Water			Longitude: _____																																																																																						
City, State, ZIP Code : Derby, Ks 67037			Elevation: _____																																																																																						
			Datum: _____																																																																																						
			Data Collection Method: _____																																																																																						
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 90 ft.																																																																																							
N <table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td></td><td></td><td></td></tr> <tr><td>NW</td><td></td><td>NE</td></tr> <tr><td>SW</td><td style="text-align: center;">X</td><td>SE</td></tr> </table> S					NW		NE	SW	X	SE	Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.																																																																														
		NW		NE																																																																																					
		SW	X	SE																																																																																					
WELL'S STATIC WATER LEVEL 32 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)		5 Wrought Iron																																																																																					
2 PVC		4 ABS		6 Asbestos-Cement																																																																																					
				7 Fiberglass																																																																																					
Blank casing diameter _____ in. to _____ ft., Dia		_____ in. to _____ ft., Dia		CASING JOINTS: Glued x Clamped _____																																																																																					
Casing height above land surface 12 in., Weight _____ lbs./ft.		Wall thickness or gauge No. 160psi		Welded _____																																																																																					
TYPE OF SCREEN OR PERFORATION MATERIAL:																																																																																									
1 Steel		3 Stainless steel		5 Fiberglass																																																																																					
2 Brass		4 Galvanized steel		7 PVC																																																																																					
		6 Concrete tile		8 RM (SR)																																																																																					
				9 ABS																																																																																					
				11 Other (specify) _____																																																																																					
SCREEN OR PERFORATION OPENINGS ARE:																																																																																									
1 Continuous slot		3 Mill slot		5 Guaze wrapped																																																																																					
2 Louvered shutter		4 Key punched		6 Wire wrapped																																																																																					
				7 Torch cut																																																																																					
				8 Saw Cut																																																																																					
				9 Drilled holes																																																																																					
				11 None (open hole)																																																																																					
SCREEN-PERFORATED INTERVALS:																																																																																									
From 30 ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.																																																																																					
GRAVEL PACK INTERVALS:		From 32 ft. to 90 ft.		From _____ ft. to _____ ft.																																																																																					
6 GROUT MATERIAL:																																																																																									
1 Neat cement		2 Cement grout		3 Bentonite																																																																																					
4 Other _____																																																																																									
Grout Intervals From 3 ft. to 32 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																																																																																					
2 Sewer lines		5 Cess pool		8 Sewage lagoon																																																																																					
3 Watertight sewer lines		6 Seepage pit		9 Feedyard																																																																																					
10 Livestock pens		13 Insecticide Storage		16 Other (specify below)																																																																																					
11 Fuel storage		14 Abandoned water well																																																																																							
12 Fertilizer storage		15 Oil well/ gas well																																																																																							
Direction from well? East		How many feet? 18																																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>PLUGGING INTERVALS</th> </tr> <tr> <td>0</td> <td>1</td> <td>Top soil</td> <td></td> <td></td> <td></td> </tr> <tr> <td>1</td> <td>29</td> <td>Clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>29</td> <td>52</td> <td>Green shale</td> <td></td> <td></td> <td></td> </tr> <tr> <td>52</td> <td>90</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> <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> </table>						FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0	1	Top soil				1	29	Clay				29	52	Green shale				52	90	Shale																																																									
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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) 10-10-09 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) 10-30-09																																																																																									
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 .																																																																																									