

# WATER WELL RECORD Form WWC-5

☒ Original Record ☐ Correction ☐ Change in Well Use

Division of Water  
Resources App. No.

Well ID

|                                                             |                                   |                          |                               |                               |
|-------------------------------------------------------------|-----------------------------------|--------------------------|-------------------------------|-------------------------------|
| <b>1 LOCATION OF WATER WELL:</b><br>County: <u>Sedgwick</u> | Fraction <u>1/4 NW 1/4 SE 1/4</u> | Section Number <u>11</u> | Township Number <u>T 27 S</u> | Range Number <u>R 2 E 1 W</u> |
|-------------------------------------------------------------|-----------------------------------|--------------------------|-------------------------------|-------------------------------|

|                                                                                                                                                                            |                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2 WELL OWNER:</b> Last Name: <u>Scherkofsky</u> First: <u>Gene</u><br>Business: <u>13817 W Ridgepoint</u><br>Address: <u>Wichita</u> State: <u>KS</u> ZIP: <u>67235</u> | Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: <input checked="" type="checkbox"/> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b><br>N<br>W E<br>S<br>-----1 mile----- | <b>4 DEPTH OF COMPLETED WELL:</b> <u>75</u> ft.<br>Depth(s) Groundwater Encountered: 1) ..... ft.<br>2) ..... ft. 3) ..... ft. or 4) <input type="checkbox"/> Dry Well<br>WELL'S STATIC WATER LEVEL: <u>27</u> ft.<br><input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) <u>4-2-13</u><br><input type="checkbox"/> above land surface, measured on (mo-day-yr) .....<br>Pump test data: Well water was ..... ft.<br>after ..... hours pumping ..... gpm<br>Well water was ..... ft.<br>after ..... hours pumping ..... gpm<br>Estimated Yield: <u>40</u> gpm<br>Bore Hole Diameter: <u>12</u> in. to <u>25</u> ft. and<br>..... in. to ..... ft. | <b>5 Latitude:</b> ..... (decimal degrees)<br><b>Longitude:</b> ..... (decimal degrees)<br>Datum: <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27<br><b>Source for Latitude/Longitude:</b><br><input type="checkbox"/> GPS (unit make/model: .....)<br>(WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No)<br><input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map<br><input type="checkbox"/> Online Mapper: ..... |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>7 WELL WATER TO BE USED AS:</b><br>1. Domestic:<br><input type="checkbox"/> Household<br><input checked="" type="checkbox"/> Lawn & Garden<br><input type="checkbox"/> Livestock<br>2. <input type="checkbox"/> Irrigation<br>3. <input type="checkbox"/> Feedlot<br>4. <input type="checkbox"/> Industrial<br>5. <input type="checkbox"/> Public Water Supply: well ID .....<br>6. <input type="checkbox"/> Dewatering: how many wells? .....<br>7. <input type="checkbox"/> Aquifer Recharge: well ID .....<br>8. <input type="checkbox"/> Monitoring: well ID .....<br>9. Environmental Remediation: well ID .....<br><input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction<br><input type="checkbox"/> Recovery <input type="checkbox"/> Injection<br>10. <input type="checkbox"/> Oil Field Water Supply: lease .....<br>11. Test Hole: well ID .....<br><input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical<br>12. Geothermal: how many bores? .....<br>a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical<br>b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water<br>13. <input type="checkbox"/> Other (specify): ..... |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Was a chemical/bacteriological sample submitted to KDHE?** ☐ Yes ☒ No If yes, date sample was submitted: .....  
Water well disinfected? ☒ Yes ☐ No

**8 TYPE OF CASING USED:** ☐ Steel ☒ PVC ☐ Other ..... CASING JOINTS: ☒ Glued ☐ Clamped ☐ Welded ☐ Threaded  
Casing diameter 5 in. to 20 ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
Casing height above land surface 12 in. Weight 2.4 lbs./ft. Wall thickness or gauge No. 160 psi

**TYPE OF SCREEN OR PERFORATION MATERIAL:**  
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☒ PVC ☐ Other (Specify) .....  
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)

**SCREEN OR PERFORATION OPENINGS ARE:**  
☐ Continuous Slot ☒ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify) .....  
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)

**SCREEN-PERFORATED INTERVALS:** From 60 ft. to 75 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
**GRAVEL PACK INTERVALS:** From 27 ft. to 25 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**9 GROUT MATERIAL:** ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other .....  
Grout Intervals: From 3 ft. to 27 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**Nearest source of possible contamination:**  
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage  
☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well  
☒ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well  
☐ Other (Specify) .....

Direction from well? South Distance from well? 45' ft.

| 10 FROM | TO | LITHOLOGIC LOG   | FROM | TO | LITHO. LOG (cont.) or PLUGGING INTERVALS |
|---------|----|------------------|------|----|------------------------------------------|
| 0       | 3  | Top Soil         |      |    |                                          |
| 3       | 27 | Clay             |      |    |                                          |
| 27      | 41 | Fine Sand        |      |    |                                          |
| 41      | 50 | Clay             |      |    |                                          |
| 50      | 75 | Fine - Med. Sand |      |    |                                          |
| Notes:  |    |                  |      |    |                                          |

**11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was ☒ constructed, ☐ reconstructed, or ☐ plugged under my jurisdiction and was completed on (mo-day-yr) 4-2-13 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-yr) 4-24-13  
under the business name of Weninger Drilling Inc Jon Weninger

INSTRUCTIONS: Send one copy to WATER WELL OWNER and retain one copy for your records. Submit fee of \$5.00 for each constructed well along with one (white) copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone (785) 296-3565.

Visit us at <http://www.kdheks.gov/waterwell/index.html>

KSA 82a-1212

Revised 9/10/2012