

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		sw ¼	se ¼	32	T 27s	S R 3w E/W									
Distance and direction from nearest town or city street address of well if located within city? 502 Pretty Flowers Rd.				Global Positioning System (decimal degrees, min. of 4 digits)											
2 WATER WELL OWNER: Wichita Water Boys RR#, St. Address, Box # : 502 Pretty Flowers Rd. City, State, ZIP Code : Wichita KS 67235				Latitude: _____											
				Longitude: _____											
				Elevation: _____											
				Datum: _____											
Data Collection Method: _____															
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 88 ft.													
N <table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td>NW</td><td>X</td><td>NE</td></tr> <tr><td>SW</td><td>SE</td><td> </td></tr> </table> S W E					NW	X	NE	SW	SE		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL 40 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) ☒ Irrigation 4 Industrial <u>7 Domestic (lawn & garden)</u> 10 Monitoring well				
		NW	X	NE											
		SW	SE												
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		9 Other (specify below)									
2 PVC		4 ABS		7 Fiberglass											
Blank casing diameter 5 in. to 88 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. 160 psi															
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)									
						9 ABS									
						10 Asbestos-Cement									
						11 Other (specify) _____									
SCREEN OR PERFORATION OPENINGS ARE:															
1 Continuous slot		3 Mill slot		5 Gauge wrapped		7 Torch cut									
2 Louvered shutter		4 Key punched		6 Wire wrapped		8 Saw Cut									
						9 Drilled holes									
						10 Other (specify) _____									
						11 None (open hole)									
SCREEN-PERFORATED INTERVALS:															
From 21		ft. to 88		ft. From _____		ft. to _____									
From _____		ft. to _____		ft. From _____		ft. to _____									
From _____		ft. to _____		ft. From _____		ft. to _____									
GRAVEL PACK INTERVALS:															
From 40		ft. to 88		ft. From _____		ft. to _____									
From _____		ft. to _____		ft. From _____		ft. to _____									
From _____		ft. to _____		ft. From _____		ft. to _____									
6 GROUT MATERIAL:															
1 Neat cement		2 Cement grout		3 Bentonite		4 Other _____									
Grout Intervals From 3 ft. to 40 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									
						13 Insecticide Storage									
						14 Abandoned water well									
						15 Oil well/ gas well									
						16 Other (specify below) _____									
Direction from well? South				How many feet? 18											
FROM		TO		LITHOLOGIC LOG		FROM TO PLUGGING INTERVALS									
0		1		Top soil											
1		12		Clay											
12		17		Fine sand											
17		28		Med sand											
28		78		Red shale											
78		88		Blue shale											
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) 3-25-08 and this record is true to the best of my knowledge and be Kansas Water Well Contractor's License No. 740 . This Water Well Record was completed on (mo/day/year) 4-03-08 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 \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell .															

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