

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 SE ¼	31	T 28 S	R 1 E/W
Distance and direction from nearest town or city street address of well if located within city?			Global Positioning System (decimal degrees, min. of 4 digits)		
			Latitude: _____		
			Longitude: _____		
			Elevation: _____		
			Datum: _____		
			Data Collection Method: _____		

2 WATER WELL OWNER: Frank Runa		4 DEPTH OF COMPLETED WELL 80 ft.	
RR#, St. Address, Box # : 10614 W 71 st S Circle		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.	
City, State, ZIP Code : Clearwater, KS 67026		WELL'S STATIC WATER LEVEL 20 ft. below land surface measured on mo/day/yr _____	
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm	
		Est. Yield 30 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 <u>x</u> ; If yes, mo/day/yr _____	
		Sample was submitted _____ Water Well Disinfected? Yes <u>x</u> No _____	

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		5 TYPE OF CASING USED:	
		1 Steel 3 RMP (SR) 6 Asbestos-Cement 8 Concrete tile CASING JOINTS: Glued <u>x</u> Clamped 2 PVC 4 ABS 7 Fiberglass 9 Other (specify below) Welded Threaded	
Blank casing diameter 5 in. to 65 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 9 ABS 11 Other (specify)			
2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)			
SCREEN OR PERFORATION OPENINGS ARE:			
1 Continuous slot 3 Mill slot 5 Guaze wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)			
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)			
SCREEN-PERFORATED INTERVALS:			
From 65 ft. to 80 ft. From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS:			
From 20 ft. to 80 ft. 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 20 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 13 Insecticide Storage 16 Other (specify below)			
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well			
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well			
Direction from well? South East		How many feet? 300ft	

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Top Soil			
1	65	Clay			
65	75	Fine Sand/Medium Sand			
75	80	Fine Sand			

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) 2-25-2007 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) 3-21-2007
under the business name of Weninger Drilling Inc.	by (signature) <i>[Signature]</i>

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>.