

## WATER WELL RECORD

## Form WWC-5

Division of Water Resources; App. No.

| <b>1 LOCATION OF WATER WELL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    | <b>Fraction</b>                         |      | <b>Section Number</b>                                                                                                                                                            | <b>Township Number</b> | <b>Range Number</b> |      |    |                |      |    |                    |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |  |  |  |   |    |      |  |  |  |    |    |          |  |  |  |    |    |      |  |  |  |    |    |           |  |  |  |    |    |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| County: <b>Sedgwick</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    | se ¼    se ¼    se ¼                    |      | <b>10</b>                                                                                                                                                                        | T <b>28s</b> S         | R <b>1w</b> E/W     |      |    |                |      |    |                    |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |  |  |  |   |    |      |  |  |  |    |    |          |  |  |  |    |    |      |  |  |  |    |    |           |  |  |  |    |    |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Distance and direction from nearest town or city street address of well if located within city?<br><b>3924 S Gilda Circle</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>2 WATER WELL OWNER: Jim Miller</b><br>RR#, St. Address, Box # : <b>3924 S Gilda Circle</b><br>City, State, ZIP Code : <b>Wichita KS 67235</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    |                                         |      |                                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |  |  |  |   |    |      |  |  |  |    |    |          |  |  |  |    |    |      |  |  |  |    |    |           |  |  |  |    |    |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |    | <b>4 DEPTH OF COMPLETED WELL 60 ft.</b> |      |                                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |  |  |  |   |    |      |  |  |  |    |    |          |  |  |  |    |    |      |  |  |  |    |    |           |  |  |  |    |    |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <div style="text-align: center;"> N<br/> <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></td><td>SE</td></tr> <tr><td></td><td></td><td></td></tr> </table> S<br/> W                      E </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |                                         |      |                                                                                                                                                                                  | NW                     |                     | NE   | SW |                | SE   |    |                    |   | Depth(s) Groundwater Encountered _____ ft. 2 _____ ft. 3 _____ ft.<br>WELL'S STATIC WATER LEVEL <b>24</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><b>12 Irrigation</b> 4 Industrial <b>7 Domestic (lawn &amp; garden)</b> 10 Monitoring well |          |  |  |  |   |    |      |  |  |  |    |    |          |  |  |  |    |    |      |  |  |  |    |    |           |  |  |  |    |    |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    | NW                                      |      | NE                                                                                                                                                                               |                        |                     |      |    |                |      |    |                    |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |  |  |  |   |    |      |  |  |  |    |    |          |  |  |  |    |    |      |  |  |  |    |    |           |  |  |  |    |    |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    | SW                                      |      | SE                                                                                                                                                                               |                        |                     |      |    |                |      |    |                    |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |  |  |  |   |    |      |  |  |  |    |    |          |  |  |  |    |    |      |  |  |  |    |    |           |  |  |  |    |    |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 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) _____<br><b>2 PVC</b> 4 ABS 7 Fiberglass _____<br>Blank casing diameter <b>5</b> in. to <b>60</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>160 psi</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    |                                         |      |                                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |  |  |  |   |    |      |  |  |  |    |    |          |  |  |  |    |    |      |  |  |  |    |    |           |  |  |  |    |    |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b><br>1 Steel 3 Stainless steel 5 Fiberglass <b>7 PVC</b> 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) _____<br><b>SCREEN OR PERFORATION OPENINGS ARE:</b><br>1 Continuous slot <b>3 Mill slot</b> 5 Gauge 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) _____<br><b>SCREEN-PERFORATED INTERVALS:</b> From <b>50</b> ft. to <b>60</b> ft. From _____ ft. to _____ ft.<br>From _____ ft. to _____ ft. From _____ ft. to _____ ft.<br><b>GRAVEL PACK INTERVALS:</b> From <b>24</b> ft. to <b>60</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 Bentonite</b> 4 Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                                         |      |                                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |  |  |  |   |    |      |  |  |  |    |    |          |  |  |  |    |    |      |  |  |  |    |    |           |  |  |  |    |    |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Grout Intervals From <b>3</b> ft. to <b>24</b> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |                                         |      |                                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |  |  |  |   |    |      |  |  |  |    |    |          |  |  |  |    |    |      |  |  |  |    |    |           |  |  |  |    |    |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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>3 Watertight sewer lines</b> 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well<br>Direction from well? <b>East</b> How many feet? <b>25</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>14</td><td>Clay</td><td></td><td></td><td></td></tr> <tr><td>14</td><td>23</td><td>Med sand</td><td></td><td></td><td></td></tr> <tr><td>23</td><td>28</td><td>Clay</td><td></td><td></td><td></td></tr> <tr><td>28</td><td>35</td><td>Fine sand</td><td></td><td></td><td></td></tr> <tr><td>35</td><td>60</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> </tbody> </table> |    |                                         |      |                                                                                                                                                                                  |                        |                     | FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS | 0 | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Top soil |  |  |  | 1 | 14 | Clay |  |  |  | 14 | 23 | Med sand |  |  |  | 23 | 28 | Clay |  |  |  | 28 | 35 | Fine sand |  |  |  | 35 | 60 | Med sand |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TO | LITHOLOGIC LOG                          | FROM | TO                                                                                                                                                                               | PLUGGING INTERVALS     |                     |      |    |                |      |    |                    |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |  |  |  |   |    |      |  |  |  |    |    |          |  |  |  |    |    |      |  |  |  |    |    |           |  |  |  |    |    |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1  | Top soil                                |      |                                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |  |  |  |   |    |      |  |  |  |    |    |          |  |  |  |    |    |      |  |  |  |    |    |           |  |  |  |    |    |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 14 | Clay                                    |      |                                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |  |  |  |   |    |      |  |  |  |    |    |          |  |  |  |    |    |      |  |  |  |    |    |           |  |  |  |    |    |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 23 | Med sand                                |      |                                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |  |  |  |   |    |      |  |  |  |    |    |          |  |  |  |    |    |      |  |  |  |    |    |           |  |  |  |    |    |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 28 | Clay                                    |      |                                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |  |  |  |   |    |      |  |  |  |    |    |          |  |  |  |    |    |      |  |  |  |    |    |           |  |  |  |    |    |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 28                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 35 | Fine sand                               |      |                                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |  |  |  |   |    |      |  |  |  |    |    |          |  |  |  |    |    |      |  |  |  |    |    |           |  |  |  |    |    |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 35                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 60 | Med sand                                |      |                                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |  |  |  |   |    |      |  |  |  |    |    |          |  |  |  |    |    |      |  |  |  |    |    |           |  |  |  |    |    |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>5-5-08</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>5-12-08</b><br>under the business name of <b>Weninger Drilling Inc.</b> 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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