

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: Sedgwick		ne ¼ nw ¼ nw ¼		24		T 28s S		R 1w E/W	
Distance and direction from nearest town or city street address of well if located within city? 3502 W 48th St S				Global Positioning System (decimal degrees, min. of 4 digits)					
2 WATER WELL OWNER: Marivn Adrian RR#, St. Address, Box # : 3502 W 48 th st S City, State, ZIP Code : Wichita, Ks 67212				Latitude: _____					
				Longitude: _____					
				Elevation: _____					
				Datum: _____					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:				4 DEPTH OF COMPLETED WELL <u>50</u> ft.					
				Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL <u>10</u> ft. below land surface measured on mo/day/yr Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield <u>25</u> 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 _____					
				5 TYPE OF CASING USED:					
				1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) ② PVC 4 ABS 7 Fiberglass CASING JOINTS: Glued <u>x</u> Clamped _____ Welded _____ Threaded _____					
Blank casing diameter <u>5</u> in. to <u>40</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.				Casing height above land surface <u>12</u> in., Weight <u>2.40</u> lbs./ft. Wall thickness or gauge No. <u>160psi</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:				SCREEN OR PERFORATION OPENINGS ARE:					
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-PERFORATED INTERVALS: From <u>340</u> ft. to <u>50</u> ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>50</u> ft. From _____ ft. to _____ ft.				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 <u>340</u> ft. to <u>50</u> ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>50</u> ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL:				7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:					
1 Neat cement 2 Cement grout ③ Bentonite 4 Other _____ Grout Intervals From <u>3</u> ft. to <u>20</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.				This water well was ① constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>7-1-09</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>740</u> This Water Well Record was completed on (mo/day/year) <u>7-23-09</u> under the business name of <u>Weninger Drilling Inc.</u> by (signature) _____					
FROM TO LITHOLOGIC LOG <u>0 1 Top soil</u> <u>1 14 Clay</u> <u>14 28 Fine Sand</u> <u>28 36 Med Sand</u> <u>36 50 Med Gravel</u> <u>50 52 Shale</u>				FROM TO PLUGGING INTERVALS 					
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 .									