

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

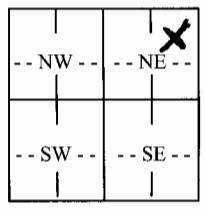
Blank box for application number

1 LOCATION OF WATER WELL: County: Kingman, Fraction: NE 1/4 NE 1/4 NE 1/4, Section Number: 3, Township Number: T 28 S, Range Number: R 9 E/W

Distance and direction from nearest town or city street address of well if located within city? E of Cunningham on 54 Hwy 3 South into

2 WATER WELL OWNER: Bergkamp Construction, RR#, St. Address, Box #: 3709 S West Street, City, State, ZIP Code: Wichita KS 67217

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N, W, E, S



4 DEPTH OF COMPLETED WELL: 68 ft. Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL..... 8 ft. below land surface measured on mo/day/yr.....

5 TYPE OF CASING USED: 1 Steel, 3 RMP (SR), 5 Wrought Iron, 8 Concrete tile, CASING JOINTS: Glued, X Clamped, Welded, Threaded

Blank casing diameter: 5 in. to 68 ft., Diameter: in. to ft., Diameter: in. to ft. Casing height above land surface: 12 in., Weight: 160 lbs./ft. Wall thickness or guage No. ....

TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel, 3 Stainless Steel, 5 Fiberglass, X PVC, 9 ABS, 11 Other (Specify) .....

SCREEN OR PERFORATION OPENINGS ARE: X Continuous slot, 3 Mill slot, 5 Gauzed wrapped, 7 Torch cut, 9 Drilled holes, 11 None (open hole)

SCREEN-PERFORATED INTERVALS: From 68 ft. to 48 ft., From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From 68 ft. to 20 ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL: 1 Neat cement, 2 Cement grout, X Bentonite, 4 Other ..... Grout Intervals: 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, 13 Insecticide Storage, X Other (specify below) 'nothing near'

Table with columns: FROM, TO, LITHOLOGIC LOG, FROM, TO, PLUGGING INTERVALS. Rows show lithology: tan clay, fine sand - tan, coarse sand.

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was X constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 10-12-09 and this record is true to the best of my knowledge and belief.

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, and 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.kdhe.state.ks.us/geo/waterwells.