

WATER WELL RECORD Form WWC-5

Original Record Correction Change in Well Use

Division of Water Resources App. No.

Well ID

1 LOCATION OF WATER WELL:

County: **SEDGWICK**

Fraction
NE 1/4 SE 1/4 SE 1/4 SW 1/4

Section Number
26

Township Number
T **26 S**

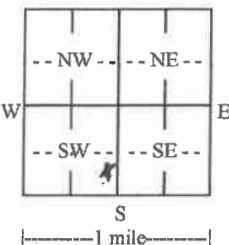
Range Number
R **2 E** W

2 WELL OWNER: Last Name: **HEGEMEIST** First: **SHERRY**

Business:
Address: **13600 EAST 37TH STREET NORTH**
Address:
City: **WICHITA** State: **KS** ZIP: **67230**

Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:
WELL #2

3 LOCATE WELL WITH "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL: **70** ft.
Depth(s) Groundwater Encountered: 1) **46** ft.
2) ft. 3) ft., or 4) Dry Well
WELL'S STATIC WATER LEVEL: **34** ft.
 below land surface, measured on (mo-day-yr) **9/9/2019**
 above land surface, measured on (mo-day-yr)
Pump test data: Well water was ft.
after hours pumping gpm
Well water was ft.
after hours pumping gpm
Estimated Yield: **10** gpm
Bore Hole Diameter: **11.5** in. to **70** ft. and
..... in. to ft.

5 Latitude: (decimal degrees)
Longitude: (decimal degrees)
Horizontal Datum: WGS 84 NAD 83 NAD 27
Source for Latitude/Longitude:
 GPS (unit make/model:)
(WAAS enabled? Yes No)
 Land Survey Topographic Map
 Online Mapper:

6 Elevation: ft. Ground Level TOC
Source: Land Survey GPS Topographic Map
 Other

7 WELL WATER TO BE USED AS:

- 1. Domestic: Household Lawn & Garden Livestock
- 2. Irrigation
- 3. Feedlot
- 4. Industrial
- 5. Public Water Supply: well ID
- 6. Dewatering: how many wells?
- 7. Aquifer Recharge: well ID
- 8. Monitoring: well ID
- 9. Environmental Remediation: well ID
 Air Sparge Soil Vapor Extraction
 Recovery Injection
- 10. Oil Field Water Supply: lease
- 11. Test Hole: well ID
 Cased Uncased Geotechnical
- 12. Geothermal: how many bores?
a) Closed Loop Horizontal Vertical
b) Open Loop Surface Discharge Inj. of Water
- 13. Other (specify):

Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:
Water well disinfected? Yes No

8 TYPE OF CASING USED: Steel PVC Other **CASING JOINTS:** Glued Clamped Welded Threaded
Casing diameter **5** in. to **70** ft., Diameter in. to ft., Diameter in. to ft.
Casing height above land surface **15** in. Weight lbs./ft. Wall thickness or gauge No. **SDR-26**

TYPE OF SCREEN OR PERFORATION MATERIAL:

- Steel Stainless Steel Fiberglass PVC Other (Specify)
- Brass Galvanized Steel Concrete tile None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

- Continuous Slot Mill Slot Gauze Wrapped Torch Cut Drilled Holes Other (Specify)
- Louvered Shutter Key Punched Wire Wrapped Saw Cut None (Open Hole)

SCREEN-PERFORATED INTERVALS: From **30** ft. to **70** ft., From ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From **24** ft. to **70** ft., From ft. to ft., From ft. to ft.

9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other

Grout Intervals: From **3** ft. to **24** ft., From ft. to ft., From ft. to ft.

Nearest source of possible contamination:

- Septic Tank Lateral Lines Pit Privy Livestock Pens Insecticide Storage
- Sewer Lines Cess Pool Sewage Lagoon Fuel Storage Abandoned Water Well
- Watertight Sewer Lines Seepage Pit Feedyard Fertilizer Storage Oil Well/Gas Well
- Other (Specify) **OUT IN MIDDLE OF PASTURE**

Direction from well? Distance from well? ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	TOP SOIL			
2	32	CLAY			
32	44	GRAY SHALE			
44	59	LIMESTONE			
59	70	GRAY SHALE			

Notes:

11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year) **9/26/2019** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **884** This Water Well Record was completed on (mo-day-year) **10/31/2019** under the business name of **WENINGER DRILLING, LLC** Signature *[Signature]*

Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.