

**WATER WELL RECORD Form WWC-5**

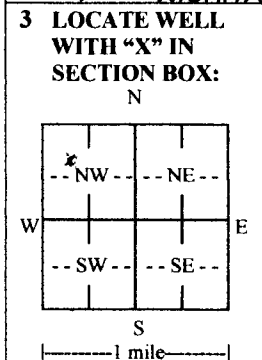
Original Record  Correction  Change in Well Use

Division of Water Resources App. No.

Well ID

<b>1 LOCATION OF WATER WELL:</b> County: <b>SEDGWICK</b>	Fraction <b>NW ¼ NW ¼ SE ¼ NW ¼</b>	Section Number <b>26</b>	Township Number <b>T 27 S</b>	Range Number <b>R 2 <input checked="" type="checkbox"/> E <input type="checkbox"/> W</b>
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<b>2 WELL OWNER:</b> Last Name: <b>MYRICK</b> First: <b>LACY</b> Business: _____ Address: <b>719 SOUTH <i>Glen Wood</i></b> Address: _____ City: <b>WICHITA</b> State: <b>KS</b> ZIP: <b>67212</b>	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: <input checked="" type="checkbox"/>
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**4 DEPTH OF COMPLETED WELL:** ..... **80** ..... ft.

Depth(s) Groundwater Encountered: 1) ..... ft.  
 2) ..... ft. 3) ..... ft., or 4)  Dry Well

**WELL'S STATIC WATER LEVEL:** ..... **32** ..... ft.

below land surface, measured on (mo-day-yr) **4/26/2019**  
 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: ..... **20** ..... gpm  
 Bore Hole Diameter: ..... **1.5** ..... in. to ..... **80** ..... 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: <input type="checkbox"/> Household <input checked="" type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock 2. Irrigation 3. Feedlot 4. Industrial	5. <input type="checkbox"/> Public Water Supply: well ID .....	10. <input type="checkbox"/> Oil Field Water Supply: lease .....
6. <input type="checkbox"/> Dewatering: how many wells? .....	7. <input type="checkbox"/> Aquifer Recharge: well ID .....	11. Test Hole: well ID .....
8. <input type="checkbox"/> Monitoring: well ID .....	9. Environmental Remediation: well ID .....	12. Geothermal: how many bores? .....
<input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection	<input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water	13. <input type="checkbox"/> 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 ..... **80** ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
 Casing height above land surface ..... **20** ..... 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 **40** ..... ft. to **80** ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
**GRAVEL PACK INTERVALS:** From ..... **23** ..... ft. to ..... **80** ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**9 GROUT MATERIAL:**  Neat cement  Cement grout  Bentonite  Other .....

Grout Intervals: From ..... **3** ..... ft. to ..... **23** ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**Nearest source of possible contamination:**

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> Lateral Lines	<input type="checkbox"/> Pit Privy	<input type="checkbox"/> Livestock Pens	<input type="checkbox"/> Insecticide Storage
<input type="checkbox"/> Sewer Lines	<input type="checkbox"/> Cess Pool	<input type="checkbox"/> Sewage Lagoon	<input type="checkbox"/> Fuel Storage	<input type="checkbox"/> Abandoned Water Well
<input checked="" type="checkbox"/> Watertight Sewer Lines	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Feedyard	<input type="checkbox"/> Fertilizer Storage	<input type="checkbox"/> Oil Well/Gas Well
<input type="checkbox"/> Other (Specify) .....				

Direction from well? **WEST** ..... Distance from well? **90 PLUS** ..... ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	TOP SOIL			
2	9	CLAY			
9	19	LIMESTONE			
19	80	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) **4/26/2019** ..... 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) **5/16/2019** ..... 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.