

WATER WELL RECORD Form WWC-5

Division of Water Resources App. No.

Well ID

KGS DRL
 Original Record Correction Change in Well Use

1 LOCATION OF WATER WELL:

 County: **SEDGWICK**

Fraction

SE ¼ SW ¼ NW ¼ SE ¼

Section Number

7

Township Number

T 27 S

Range Number

 R 3 E W

2 WELL OWNER: Last Name:

 Business: **PRAIRIE CONSTRUCTION**

Address:

PO BOX 275

 City: **ROSE HILL**

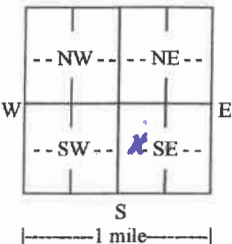
 State: **KS**

 ZIP: **67133**

First:

 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:
1502 NORTH SHADOW ROCK DRIVE, ANDOVER, KS, 67002
3 LOCATE WELL WITH "X" IN SECTION BOX:

N


4 DEPTH OF COMPLETED WELL:100..... ft.

Depth(s) Groundwater Encountered: 1)36..... ft.

 2) ft. 3) ft., or 4) Dry Well

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

 below land surface, measured on (mo-day-yr). **7/1/2019**
 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: gpm

Bore Hole Diameter:11.5..... in. to100..... 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 diameter5..... in. to100..... ft., Diameter in. to ft., Diameter in. to ft.

 Casing height above land surface 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: From30..... ft. to100..... ft., From ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From23..... ft. to100..... ft., From ft. to ft., From ft. to ft.

9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other

Grout Intervals: From3..... ft. to23..... 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

 Sepage Pit

 Feedyard

 Fertilizer Storage

 Oil Well/Gas Well

 Other (Specify)

 Direction from well? **WEST** Distance from well? **78** ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	TOP SOIL			
2	9	CLAY			
9	38	LIME STONE			
38	100	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) **7/3/2019** 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) **9/3/2019** 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.

 Visit us at <http://www.kdheks.gov/waterwell/index.html>

KSA 82a-1212

Revised 7/10/2015