WATER	WELL R	ECORD	Form '	WWC-5				of Water				[]	
	Record			e in Well Use				App. No.			Well ID		
1 LOCATION OF WATER WELL: Fraction						Section Number Towns						ige Number	
County: SEDGWICK SW 1/4 SE 1/4 NE 1/2													
2 WELL	OWNER: L	ast Name: ME	YERS	First: PETI	Street or R	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:							
Business:	town or in	tersection): If at o)wner's	address,	check here:								
Address:	Address: 936 CEDAR BROOK CIR Address:												
City: MULVANE State: KS ZIP: 67110													
3 LOCATI						74	<u> </u>						
WITH "				APLETED V									
SECTION BOX: Depth(s) Groundwater Encountered: 1)													
WELL'S STATIC WATER LEVEL:													
		■ below	y-yr). 7/25/20	19	GPS (unit make/model:								
NW	NE	above land surface, measured on (mo-day-yr)						(WAAS enabled? ☐ Yes ☐ No)					
	1	Pump test data: Well water was ft.											
w	E	after hours pumpingg					Online Mapper:						
sw	SE	Well water was ft.											
	īl	after hours pumpinggp Estimated Yield:gpm				gpm	6 Elevation:ft. ☐ Ground Level ☐ TO						
	S	Bore Hole	Bore Hole Diameter:10.5 in. to74					Source:	☐ Land Survey	□G	PS 🗆 T	opographic Map	
1 n		in. to				ft.	The date						
		BE USED											
I. Domestic:				ater Supply: v	vell ID				Field Water Supp				
☐ Housel	Household 6. ☐ Dewatering: how many wells?												
	Lawn & Garden 7. Aquifer Recharge: well ID												
_	☐ Livestock 8. ☐ Monitoring: well ID												
	. Irrigation 9. Environmental Remediation: well ID							a) Closed Loop					
	3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor E 4. ☐ Industrial ☐ Recovery ☐ Injection						12	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:													
		Yes 🗆				011	DIO I	OD ITO			- W	1.57	
8 TYPE O	of Casing	USED: US	Steel PV	C ∐ Other.	• • • • • • • • • • • • • • • • • • • •	CAS	ING JO	Din 12:	■ Glued □ Cla	mped	∐ Welde	a 🔲 I hreaded	
Casing diameter													
TYPE OF SCREEN OR PERFORATION MATERIAL: □ Steel □ Fiberglass ■ PVC □ Other (Specify)													
Brass		anized Steel			_	used (open h	ole)		(=p===;)				
		ATION OPE			_	(-1							
	nuous Slot	Mill Slot		auze Wrappe		Torch Cut 🗀	Drilled	Holes	Other (Specify	y)			
☐ Louve	ered Shutter	☐ Key Punc	hed 🔲 V	Vire Wrapped		Saw Cut 🗀	None (Open Hol	le)				
SCREEN-I	PERFORAT	ED INTERV	ALS: From	m . 34 ft.	to .7.4.	ft., Fron	n	ft. to .	ft., Fro	m	ft. to) ft.	
									ft., Fro				
9 GROUT	MATERIA	L; I Neat	cement [Cement gro	ut 🔳 I	Bentonite [Other .	• • • • • • • • • •				• • • • • • • • • • • • • • • • • • • •	
				ft., From		ft. to	ft.	., From	ft. to .	•••••	ft.		
		le contaminat		DI	Dit Dairer		7 I ivos	stock Pens		acoatiai	de Storag	a	
☐ Septic			Lateral Lin Cess Pool		Pit Privy Sewage L			Storage			ned Water		
	ight Sewer Li		Seepage Pi		eedyard			lizer Stora			/Gas Wel		
Other (Specify)													
Direction fro	om well? .EA	ST		Distan	ce from	well? .40							
10 FROM	ТО		LITHOLO	GIC LOG		FROM	T	1 O	JTHO. LOG (co	nt.) or l	PLUGGIN	IG INTERVALS	
0		TOP SOIL											
2		CLAY											
17		FINE SAND	/CLAY M	IX									
121		CLAY							· · · · · · · · · · · · · · · · · · ·				
41		MED SAND											
50	74	GRAY SHA	LE										
						Notes:							
<u></u>													
44 603	D . 6				~								
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) .7/25/2019 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 of (mo-day-year) .8/30/2019													
under the business name of WENINGER DRILLING, LLC. Signature Manager Well Contractor's License No. 394. Inis water well Record was completed by (mb-day-year) of 30/2013.													
Mail	I white copy al-	ong with a fee o	f \$5.00 for ea	ach constructed	well to: K	ansas Departm	ent of He	alth and E	nvironment, Burea	u of Wa	ter, GWTS	Section,	
1000	SW Jackson S	t., Suite 420, To	peka, Kansa	s 66612-1367.	Mail one t	o Water Well (wner and	d retain one	e for your records.	Telepho	ne 785-296	5-5524.	
		s.gov/waterwell	-			KSA 82a-					Revise	d 7/10/2015	