| WATER WELL | | rm WWC-5 | Div | ision of Water | | | | |
|---|---|---------------------------------|-------------------|--|--|--|--|--|
| Original Record | | Change in Well Use | | urces App. No. | | Well ID | | |
| 1 LOCATION OF | | Fraction | | tion Number | Township Numb | | | |
| County: SEDGWICK NE''4 SW ''4 SE ''4 SE ''4 D1 T 25 S R 1 DE | | | | | | | | |
| 2 WELL OWNER: Last Name: First: Street or Rural Address where well is located direction from nearest town or intersection): If at owner | | | | | | | | |
| Address: 8338 E 2 | direction from nearest town or intersection): If at owner's address, check here: | | | | | | | |
| Address: | | SEDGWICK, KS 67135 | | | | | | |
| City: WICHITA | SEDGVICK | ., NS 67 135 | | Ministration of the second sec | | | | |
| 3 LOCATE WELL 4 DEPTH OF COMPLETED WELL:80 ft. 5 | | | | | a• | (decimal degrees) | | |
| WITH "X" IN SECTION BOX: | Donth(s) Groundanter Encountered: 1) 38 | | | | | | | |
| • | N 2) | | | | ry Well Horizontal Datum: WGS 84 NAD 83 NAD 27 | | | |
| | WELL'S STATIC WATER LEVEL:33ft. ■ below land surface, measured on (mo-day-yr).03/04/20 | | | | Source for Latitude/Longitude: | | | |
| | | | | | | | | |
| NW NE | Pump test data: Well water was | | | (WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map | | | | |
| W E | 1 | | | Online Mapper: | | | | |
| | Well water was ft. | | | | | | | |
| SW SE | atter nours pumping | | | 6 Flavatio | n. A | □ Crownd Lovel □ TOC | | |
| | Estimated Yield:gpm Bore Hole Diameter:9.5 in. to80 ft | | | 6 Elevation:ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ☐ GPS ☐ Topographic Map | | | | |
| S 1 mile | Bore Hole Diameter: in. to | | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | |
| 1. Domestic: | | lic Water Supply: well ID | | 10. ☐ Oil F | ield Water Supply: le | ease | | |
| ☐ Household 6. ☐ Dewatering: how many wells? | | | | 11. Test Hole: well ID | | | | |
| Lawn & Garden | <u> </u> | | | | | | | |
| Livestock | _ | | | | 12. Geothermal: how many bores? | | | |
| 2. Irrigation 9. Environmental Remediation: well ID | | | | a) Closed Loop | | | | |
| 3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Extraction 4. ☐ Industrial ☐ Recovery ☐ Injection | | | | | b) Open Loop | | | |
| | | | | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ■ No If yes, date sample was submitted: | | | | | | | | |
| 8 TYPE OF CASING USED: ☐ Steel ■ PVC ☐ Other | | | | | | | | |
| Casing diameter 5 in to 80 ft. Diameter in to ft. Diameter in to ft. | | | | | | | | |
| Casing diameter | | | | | | | | |
| 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 80 ft., From ft. to ft. from ft. ft. | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | |
| Grout Intervals: From | | | | | | | | |
| 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) | | | | | | | | |
| | | Distance from | | | | | | |
| 10 FROM TO | | OLOGIC LOG | FROM | TO LI | THO. LOG (cont.) or | PLUGGING INTERVALS | | |
| 0 1 | TOP SOIL | | | | | | | |
| 1 27 27 35 | CLAY | | | | | | | |
| 27 35 35 80 | MED SAND SHALE | | | | | | | |
| 33 60 | SHALE | | | | | Annual Control of the | | |
| | | | | | | | | |
| | | | Notes: | 1 | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 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) .03/04/2016 and this record is true to the best of my knowledge and belief. | | | | | | | | |
| under my jurisdiction | and was completed | on (mo-day-year) .03/04 | 1/2016 and | this record is t | rue to the best of m | y knowledge and belief. | | |
| Lunder the business nor | ne of WENINGER | No. 884 This V DRILLING, LLC | water Well Rec | ord was comp | leted on (mo-day-ye | ear) 144/102/2010 | | |
| Mail 1 white copy a | long with a fee of \$5.00 | for each constructed well to: I | Cansas Department | of Health and En | vironment, Bureau of W | ater, GWTS Section. | | |
| 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 | | | | | | | | |