WATER WELL R		WWC-5	Division of Water											
Original Record		ige in Well Use		rces App. No.		Well ID	<del></del>							
1 LOCATION OF W	Fraction					ge Number								
County: SEDGWIC		NW1/4												
2 WELL OWNER: Last Name: FISHER First: JACK Street or Rural Address where well is located (if unknown, distance and														
Business: Address: 100 N REDBUD LN														
Address: 100 N REDBUD LN Address:														
City: VALLEY CENTER State: KS ZIP: 67147														
3 LOCATE WELL			60 0	T										
WITH "X" IN	4 DEPTH OF CO	9y n.	5 Latitude:(decimal degrees) Longitude:(decimal degrees)											
SECTION BOX:	Depth(s) Groundwate	r Encountered: 1)	I Des Well	Longitue	le:		(decimal degrees)							
N	2)				Horizontal Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27 Source for Latitude/Longitude:									
	below land surface, measured on (mo-day-yr).06/16/2017				GPS (unit make/model:)									
NW NE	above land surface	e, measured on (mo-day-	/r)	(WAAS enabled?  Yes No)										
18	Pump test data: Well	water was!§ ft		☐ Land Survey ☐ Topographic Map										
w   E	after hours pumping				ie Mapper:									
SW SE	Well water was ft.													
	after hours pumping						Level TOC							
S	Bore Hole Diameter:10.5 in. to60 ft. and			Source: Land Survey GPS Topographic Map										
1 mile	in. to													
7 WELL WATER TO BE USED AS:														
1. Domestic:		Vater Supply: well ID		10. 🔲 Oil Fi	eld Water Supply: lea	se	•••••							
☐ Household	6. Dewatering: how many wells?			11. Test Hole: well ID										
Lawn & Garden	Garden 7. Aquifer Recharge: well ID			☐ Cased ☐ Uncased ☐ Geotechnical										
☐ Livestock	8. Monitoring: well ID			12. Geothermal: how many bores?										
2. Irrigation	9. Environmental Remediation: well ID			a) Closed Loop										
3. Feedlot Air Sparge Soil Vapor			xtraction	b) Open Loop  Surface Discharge Inj. of Water										
4. Industrial Recovery Injection 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														
Casing height above land surface														
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														
□ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole)														
SCREEN-PERFORATED INTERVALS: From .40 ft. to 60 ft., From ft. to ft., From ft. ft.														
GRAVEL PACK INTERVALS: From														
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other														
9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☐ Bentonite ☐ Other														
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														
Other (Specify) Direction from well? NNW Distance from well? 60 ft.														
10 FROM TO		OGIC LOG	FROM		THO. LOG (cont.) or 1	PLUGGIN	G INTERVALS							
	OP SOIL		<del>                                     </del>											
	CLAY		1				<del></del>							
	MED GRAVEL					·								
	SHALE	· · · · · · · · · · · · · · · · · · ·	1			··· ·	<del> </del>							
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		**************************************	Notes:											
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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) .06/16/2017 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 (no-day-year) 96/20/2017														
under the business name of WENINGER DRILLING. LLC. Signature  Mail I 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.														
1					or your records. Telepho		Visit us at http://www.kdheks.gov/waterwell/index.html  KSA 82a-1212  Revised 7/10/2015							