WATER WELL R		rm WWC-5		ision of Water				
Original Record		hange in Well Use		urces App. No.		Well ID		
1 LOCATION OF WATER WELL: Fraction				Section Number Township Number Range Number				
County: SEDGWICK NE 1/4 NE 1/4 NW 1/4								
2 WELL OWNER: Last Name: 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:								
Business: CHAPMAN CUSTOM HOMES direction from nearest town or intersection): If at owner's address, check here:  Address: PO BOX 9491 direction from nearest town or intersection): If at owner's address, check here:  6022 W DRIFTWOOD								
Address:								
City: WICHITA	State:	KS ZIP: 67277	WICHITA, N	.5 6/205				
3 LOCATE WELL	4 DEPTH OF	COMPLETED WELL	. 60 n	5 Latitude	٠.	(decimal degrees)		
WITH "X" IN	Depth(s) Groundymater Encountered: 1) 13 ft				Longitude:(decimal degrees)			
SECTION BOX:	2) ft., or 4) Dry Well				Horizontal Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27			
	WELL'S STATIC WATER LEVEL: ft.					:		
T X						)		
NW NE	above land surface, measured on (mo-day-yr)  Pump test data: Well water was			(WAAS enabled? ☐ Yes ☐ No)				
	house sumaine			☐ Land Survey ☐ Topographic Map ☐ Online Mapper:				
]	Well water was ft.				ue Mapper			
SW SE	anci nours pumping							
	Estimated Yield:20gpm			6 Elevation:				
S	-				Other			
Time —								
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID								
1. Domestic:		atering: how many wells?		10. L. Oli F	e: well ID	,asc		
Lawn & Garden								
Livestock					12. Geothermal: how many bores?			
2. 🗌 Irrigation 9. Environmental Remediation: well ID					a) Closed Loop			
3. Feedlot	Air S		or Extraction			scharge 🔲 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								
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded Casing diameter fin. to fin. to fin. to fin. to fin. to fin. to SDR-26 Weight above land surface 12 in. Weight Weight Wall thickness or gauge No. SDR-26								
TYPE OF SCREEN OR PERFORATION MATERIAL:								
☐ Steel ☐ Stainless Steel ☐ Fiberglass ■ PVC ☐ Other (Specify)								
			e used (open hole		( <b>op o o o o o o o o o o</b>			
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								
GRAVEL PACK INTERVALS: From 23 ft. to 60 ft., From ft. to ft., From ft., From ft.								
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								
Other (Specify) Direction from well? EAST Distance from well? 47FT ft.								
	T THEFT	Distance from		TO LI	ft.	PLUGGING INTERVALS		
		DLOGIC LOG	FROM	10   LI	INU. LUG (cont.) or	PLUGGING INTERVALS		
	TOP SOIL FINE SAND					Market Control of the		
	GRAVEL			<del></del>				
	GREEN SHALE							
	GRAVEL							
10 00	OIVILL							
			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) .07./28/20.16 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-ony-year) 08/03/2016 under the business name of WENINGER DRILLING, LLC								
Mail 1 white copy al	ong with a fee of \$5 00	for each constructed well to:	S1 Kansas Denartment	of Health and Fra	vironment Rureau 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								