| WATER WELL R | | | WWC-5 | | ision of Water | | | | |
|---|-----------------------|---|----------------------|---|----------------------------------|--|--------------------------|-------------------|--|
| Original Record | | | ge in Well Use | | ources App. No | | Well ID | | |
| 1 LOCATION OF WATER WELL: Fraction County: SEDGWICK NW1/4 SE 1/4 | | | | Section Number Township Number Range Number Township Number Range Number Township Number Range Number | | | | | |
| County: SEDGWIC | | | | | | | | | |
| 2 WELL OWNER: Last Name: CAWOOD First: BILL Street or Rural Address where well is located (if unkn | | | | | | | | | |
| Business: Address: 11339 W WILKINSON CT | | | | | | | | sheek here. | |
| Address: | | | | | | | | | |
| City: MAIZE | | State: KS | ZIP: 67101 | | | | | | |
| 3 LOCATE WELL | 4 DEPTH | OF CON | MPLETED WELL: | 60 n | 5 Letitud | le: | | (decimal degrees) | |
| WITH "X" IN | | | | | | | | (decimal degrees) | |
| SECTION BOX: | 2) | ft. | 3) ft., or 4) [| Dry Well | Horizon | tal Datum: WGS 8 | 4 🗆 NAD | 83 NAD 27 | |
| | WELL'S ST | TATIC WA | TER LEVEL:2 | 3ft. | Source | for Latitude/Longitude | | | |
| | below la | below land surface, measured on (mo-day-yr).01/04/2017 above land surface, measured on (mo-day-yr) Pump test data: Well water was | | | | S (unit make/model: | | | |
| NW NE | | | | | | (WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map | | | |
| w - + - + - E | | after hours pumping gpm | | | | Online Mapper: | | | |
| | | | water was 1 | | | | | | |
| SW SE | | after hours pumping gpm | | | | om: A | C | U aval D TOC | |
| | Estimated Y | Estimated Yield:18+gpm | | | | 6 Elevation:ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ☐ GPS ☐ Topographic Map | | | |
| S 1 mile | Bore Hole D | | | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | |
| 1. Domestic: | | | ater Supply: well ID | | 10. □ Oil i | Field Water Supply: 1 | ease | | |
| Household | | | | | | 11. Test Hole: well ID | | | |
| ■ Lawn & Garden 7. ☐ Aquifer Recharge: well ID | | | | | ☐ Cased ☐ Uncased ☐ Geotechnical | | | | |
| Livestock | _ • | | | | | 12. Geothermal: how many bores? | | | |
| 2. Irrigation 9. Environmental Remediation: well ID | | | | | a) Closed Loop | | | | |
| 3. ☐ Feedlot 4. ☐ Industrial | | Air Sparg | | extraction | | | | | |
| | | | | | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted: | | | | | | | | | |
| Water well disinfected? Yes No CASING JOINTS: Gloved G Clement G Welded G Threeded | | | | | | | | | |
| Casing diameter 5 in to 60 ft Diameter in to ft Diameter in to ft | | | | | | | | | |
| 8 TYPE OF CASING USED: Steel PVC Other | | | | | | | | | |
| 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) | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From .45 ft. to 60 ft., From ft. to ft. to ft. | | | | | | | | | |
| GRAVEL PACK INTERVALS: From 23 ft. to 60 ft., From ft. to ft., From ft. to 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 | | | | | | | | | |
| Sewer Lines | | | | | | | | | |
| Other (Specify) Direction from well? NORTH Distance from well? 45. | | | | | | | | | |
| | | | | | | | | | |
| 10 FROM TO | | ITHOLO | GIC LOG | FROM | TO L | ITHO. LOG (cont.) or | PLUGGIN | G INTERVALS | |
| | OP SOIL | | | _ | | | | | |
| | CLAY | | | | | | | | |
| | INE SAND MED GRAVE | =1 | | + | | | | | |
| | LAY | <u>-</u> | | | | | | | |
| 00 0 | JL/ (I | | | | | | | | |
| | | | | 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) 0.1/0.4/20.17 and this record is true to the best of my knowledge and belief. | | | | | | | | | |
| Kansas Water Well Con | tractor's Lice | nse No. S | 79 This Wa | ter Well Rec | ord was comr | leted on (mo-day-y | ear) 1737.70/ | 2017 | |
| Kansas Water Well Contractor's License No. 884. This Water Well Record was completed (mo decayoar) 01/10/2017 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. | | | | | | | | | |
| Visit us at http://www.kdheks. | | | | KSA 82a-12 | | - | | 7/10/2015 | |