

WATER WELL RECORD Form WWC-5

Original Record Correction Change in Well Use

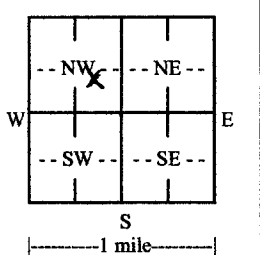
Division of Water Resources App. No.

Well ID

1 LOCATION OF WATER WELL:
 County: **SEDGWICK** Fraction: **NE 1/4 NW 1/4 SE 1/4 NW 1/4** Section Number: **27** Township Number: **T 26 S** Range Number: **R 1** E W

2 WELL OWNER: Last Name: **RELPH CONSTRUCTION** First: _____
 Business: **RELPH CONSTRUCTION** 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:
 Address: **8550 NW PARALLEL RD** **4407 N RIDGEPORT ST**
 City: **TOWANDA** State: **KS** ZIP: **67144** **WICHITA, KS 67205**

3 LOCATE WELL WITH "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL: **60** ft.
 Depth(s) Groundwater Encountered: 1) **30** ft.
 2) ft. 3) ft., or 4) Dry Well
 WELL'S STATIC WATER LEVEL: **27** ft.
 below land surface, measured on (mo-day-yr) **04/18/2017**
 above land surface, measured on (mo-day-yr)
 Pump test data: Well water was ft.
 after hours pumping gpm
 Well water was ft.
 after hours pumping gpm
 Estimated Yield: **20+** gpm
 Bore Hole Diameter: **10.5** in. to **60** ft. and
 in. to ft.

5 Latitude: (decimal degrees)
Longitude: (decimal degrees)
 Horizontal Datum: WGS 84 NAD 83 NAD 27
 Source for Latitude/Longitude:
 GPS (unit make/model:)
 (WAAS enabled? Yes No)
 Land Survey Topographic Map
 Online Mapper:

6 Elevation: ft. Ground Level TOC
 Source: Land Survey GPS Topographic Map
 Other

7 WELL WATER TO BE USED AS:

| | | | | | | | | | | | | |
|---|--|-------------------------------------|--|--|---|---|---|---|--|------------------------------|---------------------------------------|---|
| 1. Domestic: <input type="checkbox"/> Household <input checked="" type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock | 2. <input type="checkbox"/> Irrigation | 3. <input type="checkbox"/> Feedlot | 4. <input type="checkbox"/> Industrial | 5. <input type="checkbox"/> Public Water Supply: well ID | 6. <input type="checkbox"/> Dewatering: how many wells? | 7. <input type="checkbox"/> Aquifer Recharge: well ID | 8. <input type="checkbox"/> Monitoring: well ID | 9. Environmental Remediation: well ID | 10. <input type="checkbox"/> Oil Field Water Supply: lease | 11. Test Hole: well ID | 12. Geothermal: how many bores? | 13. <input type="checkbox"/> 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 **5** in. to **60** ft., Diameter in. to ft., Diameter in. to ft.
 Casing height above land surface **12** in. Weight lbs./ft. Wall thickness or gauge No. **SDR-26**

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 **50** ft. to **60** ft., From ft. to ft., From 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 **3** ft. to **23** ft., From ft. to ft., From ft. to ft.

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)

Direction from well? **NORTH** Distance from well? **25** ft.

| 10 FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHO. LOG (cont.) or PLUGGING INTERVALS |
|---------|----|----------------|------|----|--|
| 0 | 1 | TOP SOIL | | | |
| 1 | 8 | CLAY | | | |
| 8 | 44 | MED GRAVEL | | | |
| 44 | 45 | CLAY | | | |
| 45 | 60 | MED SAND | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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) **04/18/2017**... 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 (mo-day-year) **04/20/2017**..... under the business name of **WENINGER DRILLING, LLC**..... Signature: _____

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