		RECORD	Form '	WWC-5	D	vision of Water	1			
Origina	al Record	Correction	☐ Chang	ge in Well Use		sources App. No.	<u> </u>	Well ID		
1 LOCATION OF WATER WELL:			Fraction							
County: SEDGWICK				SE14 NW 14 SE 1				R 1 □E ■	W	
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance										
Business: JLR HOMES direction from nearest town or intersection): If at owner's address, check										
		DRIFTWOOD)		4316 N RII	N RIDGEPORT				
Address: City:	WICHITA		State: KS	ZIP: 67205	WICHITA,	KS 67205				
2 LOCATE WELL							w			
WITH				APLETED WELL:				(decimal degr		
SECTION ROY: Depth(s) Groundwater I			Encountered: 1)			Longitude:(decimal degrees)				
N 2) It. 3				3) ft., or 4)			Horizontal Datum: WGS 84 NAD 83 NAD 27			
WELL SSIAIIC W				TER LEVEL:	(-1/1-) 03/08/20	17 Source to	Source for Latitude/Longitude: GPS (unit make/model:)			
,	above 1	below land surface, measured on (mo-day-yr).03/08/2 above land surface, measured on (mo-day-yr)				(WAAS enabled? ☐ Yes ☐ No)				
NW	NE		Pump test data: Well water was				☐ Land Survey ☐ Topographic Map			
w		after hours pumping gpm				Online Mapper:				
We				vater was						
SW SE afterhou			hours	s pumping	. gpm	6 El4	0	П С I I П П	TOC	
	Estimated Yield: .			tgpm 10.5 in to 60			6 Elevation:ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ☐ GPS ☐ Topographic Map			
									-	
1 mile in. to ft.										
7 WELL WATER TO BE USED AS: 1. Domestic: 5. ☐ Public Water Supply: well ID										
1. Domestic				iter Supply: well ID ig: how many wells?					••••	
			echarge: well ID			11. Test Hole: well ID				
				g: well ID			2. Geothermal: how many bores?			
				al Remediation: well I						
3. ☐ Feedlot ☐ Air Sparge								er		
4. Indust	rial] 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 5 in to 60 ft., Diameter in to ft., Diameter in to ft., Diameter in to SDR-26 in Weight 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										
☐ 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										
Nearest source of possible contamination:										
Septic Tank										
☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well										
	ight Sewer L		Seepage Pit	☐ Feedyard	Ĭ	Fertilizer Storag		ell/Gas Well		
☐ Other (Specify)										
Direction fr	om well? .NG				/ell? .13					
10 FROM	TO		ITHOLOG	GIC LOG	FROM	TO LI	THO. LOG (cont.) or	r PLUGGING INTERVA	ALS	
0		TOP SOIL								
1		CLAY/SAND				ļ				
20		MED GRAVE	<u>-L</u>			<u> </u>	· · · · · · · · · · · · · · · · · · ·	 		
36		CLAY		· · · · · · · · · · · · · · · · · · ·		ļ				
37	60	MED SAND								
		· · · · · · · · · · · · · · · · · · ·				<u> </u>				
				····	Notes:					
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (no-day-year) .03/08/2017 and this record is true to the best of my knowledge and belief.										
under my j	urisdiction a	ind was comp	eted on (n	no-day-year) .V:2/.V.3/. 384	AV.U and	i this record is t	rue to the best of m	ly knowledge and belied by Name (1971) 03/09/2017	er.	
Kansas Water Well Contractor's License No. 884 This Water Well Record was completed in mo-day-year) Q3/09/2017 under the business name of WENINGER DRILLING, LLC										
Mail	1 white copy a	long with a fee of	\$5.00 for eac	ch constructed well to: Ka	nsas Departmen	nt 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.kdhcks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015								5		