| WATER WELL RECORD Form WWC-5 Division of Water | | | | | | | | | | |
|---|---|-----------------|--|-----------------------|------------------|---|--|--------------------------|-------------------|--|
| Origin | al Record | Correction | ☐ Chang | ge in Well Use | Re | sources App. No | | Well ID | | |
| 1 LOCATION OF WATER WELL: | | | L: | Fraction | 1 | ection Number | Township Numb | | nge Number | |
| County: SEDGWICK NE 1/4 SW 1/4 NE 1/4 | | | | | | | | | | |
| 2 WELL OWNER: Last Name: KALB First: KENNY Street or Rural Address where well is located (if unknown, distance and | | | | | | | | | | |
| Business: Address: 9512 W MOSS ROSE ST direction from nearest town or intersection): If at owner's address, check here: | | | | | | | | | | |
| Address: | | | | | | | | | | |
| City: | MAIZE | | State: KS | ZIP: 67101 | IVIAIZE, No | 0/101 | | | | |
| 3 LOCATE WELL 4 DEPTH OF COMPLETED WELL:56 ft. 5 Latitude: | | | | | | | | | (decimal degrees) | |
| WITH | | | | Encountered: 1) | | | | | | |
| | ON BOX: N | 2) | ft. | 3) ft., or 4) | Dry Well | Vell Horizontal Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27 | | | | |
| | 1 | WELL'S ST | WELL'S STATIC WATER LEVEL: 1/ ft. | | | | Source for Latitude/Longitude: | | | |
| <u> </u> | NE | below is | below land surface, measured on (mo-day-yr). below land surface, measured on (mo-day-yr) | | | | GPS (unit make/model: (WAAS enabled? ☐ Yes ☐ No) | | | |
| NW- | NE | | | vater was | | l l | | | 10) | |
| l w | | | | | | | | | | |
| SW | Well water was fi | | | | | | | | | |
| | | after | hour | s pumping | gpm 6 Elevation: | | | ft. □ Ground Level □ TOC | | |
| | Estimated Yield:20+gr Bore Hole Diameter:105 | | | | | | | ☐ GPS ☐ Topographic Map | | |
| 1 | mile | I . | | in. to | _ | | Other | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | |
| 1. Domestic | | | | ater Supply: well ID | | 10. 🔲 Oil 1 | Field Water Supply: 1 | | | |
| | ☐ Household 6. ☐ Dewatering: how many wells? | | | | | | | | | |
| _ | Lawn & Garden 7. Aquifer Recharge: well ID | | | | | | ☐ Cased ☐ Uncased ☐ Geotechnical | | | |
| . — | ☐ Livestock 8. ☐ Monitoring: well ID | | | | | | 12. Geothermal: how many bores? | | | |
| | 3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Extra Sparge ☐ Sp | | | | | | b) Open Loop Surface Discharge Inj. of Water | | | |
| 4. Indus | trial | | Recovery | | | | er (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 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 ■ 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 .46 ft. to .56 ft., From | | | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | | | |
| 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 | | _ | Cess Pool | ☐ Sewage La | | Fuel Storage | | oned Water | | |
| ■ Watertight Sewer Lines | | | | | | | | | | |
| ☐ Other (Specify) Direction from well? SOUTH Distance from well? 32 ft. | | | | | | | | | | |
| 10 FROM | TO | | ITHOLO | | FROM | | ITHO. LOG (cont.) or | | GINTERVALS | |
| 0 | 1 | TOP SOIL | | | | | (cont.) or | | | |
| 1 | 19 | CLAY | LAY | | | | | | | |
| 19 | 56 | MED GRAVE | L | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | Notes: | | | | | | | | | |
| | | | | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged | | | | | | | | | | |
| under my | urisdiction | and was compl | eted on (n | no-day-year) .04/13/2 | 2017 and | this record is | true to the best of m | v knowled | ge and belief. | |
| Kansas Wa | ater Well Co | ntractor's Lice | ense No. 8 | 384 This Wa | iter Well Re | cord was come | leter on (mo-day-y | ear) Q4/.17. | /2017 | |
| under the l | ousiness nan | ne of WENIN | GER DRI | ILLING. LLC | S | ignature | | | | |
| 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 | | | | | | | | | | |