WATER WELL		WWC-5		ision of Water					
Original Record	Correction Change	ge in Well Use	Reso	urces App. No.		Well ID L			
1 LOCATION OF	WATER WELL:	Fraction	Sec	tion Number	Township Numb	per Rang	ge Number		
County: SEDGV	VICK	SE 1/4 NE 1/4 NW 1/4	¼ sw ¼ 31 T 26 S R 1 □ E ■				□ E ■ W		
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and									
Business: SOCOF		1			ersection): If at owne				
Address									
Address: 727 NORTH WACO, STE 400 3306 NORTH PARKRIDGE STREET, WICHITA, KS, 67205-7524									
City: WICHI	State: KS	ZIP: 67203							
3 LOCATE WELL WITH 6V" IN 4 DEPTH OF COMPLETED WELL:60 ft. 5 Latitude:									
WITH "X" IN		Encountered: 1)		i .					
SECTION BOX:		3) ft., or 4)		Longitu	de:	))	decimal degrees)		
N		WELL'S STATIC WATER LEVEL: 28 ft.					is $\square$ NAD 21		
		below land surface, measured on (mo-day-yr)6/16/17.				Source for Latitude/Longitude:  GPS (unit make/model:)			
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		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 .	E after2 hour	after2 hours pumping 30 gpm				Online Mapper:			
1 1 1		Well water was ft.							
SW SE		after hours pumping gpm							
	Estimated Vield: 30	Estimated Yield: 30 onm 6 Elevation:ft. $\square$ Ground Level $\square$ T							
S	Bore Hole Diameter: .	Bore Hole Diameter: 10.5 in. to 60 ft. and Source: Land Survey GPS Topographic M							
1 mile		in. to		} [	Other				
7 WELL WATER TO BE USED AS:									
1. Domestic:		ater Supply: well ID		10. 🔲 Oil F	ield Water Supply: 1	ease			
☐ Household		6. Dewatering: how many wells?							
Lawn & Garden		7. ☐ Aquifer Recharge: well ID ☐ Cased ☐ Uncased ☐ Geotechnical							
☐ Livestock		8. Monitoring: well ID							
2. Irrigation	9. Environmen	9. Environmental Remediation: well ID							
<ol><li>☐ Feedlot</li></ol>	☐ Air Sparg	☐ Air Sparge ☐ Soil Vapor Extraction b) Open Loop ☐ Surface Discharge ☐ 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 \( \sigma \) No									
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded									
6 11 FE OF CASING USED: See PVC Ouler CASING JOINTS. Graded Camped Wedded Infraded									
Casing diameter									
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:									
□ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole)									
SCREEN-PERFORATED INTERVALS: From .40									
GRAVEL PACK INTERVALS: From23 ft. to60 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 La		Fuel Storage		loned Water V	Nell		
■ Watertight Sewer Lines									
Other (Specify) Direction from well? EAST Distance from well? 16' ft.									
10 FROM TO			FROM		THO. LOG (cont.) o		2 INTEDVALS		
	TOP SOIL	GIC LUG	LKOM	10 L	1110. LOG (cont.) 0	TILOGGING	THIEKVALS		
						$-\!$			
1 22	CLAY		<u> </u>	<del></del>		<del></del>			
22 60	MED GRAVEL								
			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), 6/16/17 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) 6/20/17									
under the business na	me of .WENINGER.DR	RILLING, LLC	Si	gnature					
Mail 1 white copy	along with a fee of \$5.00 for ea	ch constructed well to: Ka	insas Department	of Health and En	vironment, Bureau of W	Vater, GWTS S			
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 KSA 82a-1212 Revised 7/10/2015									