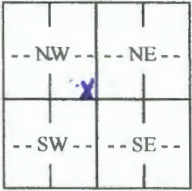


**WATER WELL RECORD Form WWC-5**

Original Record  Correction  Change in Well Use

Division of Water Resources App. No.  

Well ID  

<b>1 LOCATION OF WATER WELL:</b> County: <b>SEDGWICK</b>		Fraction SE ¼ SE ¼ SE ¼ NW ¼		Section Number <b>27</b>		Township Number <b>T 26 S</b>		Range Number <b>R 1 E W</b>																									
<b>2 WELL OWNER:</b> Last Name: <b>JL RUSSELL</b> Business: <b>JL RUSSELL</b> Address: <b>PO BOX 75450</b> City: <b>WICHITA</b> State: <b>KS</b> ZIP: <b>67275</b>				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: <input type="checkbox"/> <b>4432 NORTH RIDGE PORT, WICHITA, KS, 67205</b>																													
<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> N  W E S -----1 mile-----		<b>4 DEPTH OF COMPLETED WELL:</b> ..... <b>78</b> ..... ft. Depth(s) Groundwater Encountered: 1) ..... <b>13</b> ..... ft. 2) ..... ft. 3) ..... ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: ..... <b>11</b> ..... ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) <b>6/21/2019</b> <input type="checkbox"/> 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: ..... <b>20</b> ..... gpm Bore Hole Diameter: ..... <b>11.5</b> ..... in. to ..... <b>78</b> ..... ft. and ..... in. to ..... ft.				<b>5 Latitude:</b> .....(decimal degrees) <b>Longitude:</b> .....(decimal degrees) Horizontal Datum: <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 Source for Latitude/Longitude: <input type="checkbox"/> GPS (unit make/model: .....) (WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Online Mapper: .....																											
<b>7 WELL WATER TO BE USED AS:</b> 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): .....			
<b>Was a chemical/bacteriological sample submitted to KDHE?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, date sample was submitted: .....																																	
Water well disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																	
<b>8 TYPE OF CASING USED:</b> <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other ..... CASING JOINTS: <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded Casing diameter ..... <b>5</b> ..... in. to ..... <b>78</b> ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft. Casing height above land surface ..... <b>14</b> ..... in. Weight ..... lbs./ft. Wall thickness or gauge No. <b>SOP-26</b>																																	
TYPE OF SCREEN OR PERFORATION MATERIAL: <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) ..... <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Concrete tile <input type="checkbox"/> None used (open hole)																																	
SCREEN OR PERFORATION OPENINGS ARE: <input type="checkbox"/> Continuous Slot <input checked="" type="checkbox"/> Mill Slot <input type="checkbox"/> Gauze Wrapped <input type="checkbox"/> Torch Cut <input type="checkbox"/> Drilled Holes <input type="checkbox"/> Other (Specify) ..... <input type="checkbox"/> Louvered Shutter <input type="checkbox"/> Key Punched <input type="checkbox"/> Wire Wrapped <input type="checkbox"/> Saw Cut <input type="checkbox"/> None (Open Hole)																																	
SCREEN-PERFORATED INTERVALS: From ..... <b>58</b> ..... ft. to ..... <b>78</b> ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft. GRAVEL PACK INTERVALS: From ..... <b>24</b> ..... ft. to ..... <b>78</b> ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.																																	
<b>9 GROUT MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other ..... Grout Intervals: From ..... <b>3</b> ..... ft. to ..... <b>24</b> ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.																																	
Nearest source of possible contamination: <input type="checkbox"/> Septic Tank <input type="checkbox"/> Lateral Lines <input type="checkbox"/> Pit Privy <input type="checkbox"/> Livestock Pens <input type="checkbox"/> Insecticide Storage <input type="checkbox"/> Sewer Lines <input type="checkbox"/> Cess Pool <input type="checkbox"/> Sewage Lagoon <input type="checkbox"/> Fuel Storage <input type="checkbox"/> Abandoned Water Well <input checked="" type="checkbox"/> Watertight Sewer Lines <input type="checkbox"/> Seepage Pit <input type="checkbox"/> Feedyard <input type="checkbox"/> Fertilizer Storage <input type="checkbox"/> Oil Well/Gas Well <input type="checkbox"/> Other (Specify) .....																																	
Direction from well? ..... <b>South</b> ..... Distance from well? ..... <b>12</b> ..... ft.																																	
10 FROM		TO		LITHOLOGIC LOG				FROM		TO		LITHO. LOG (cont.) or PLUGGING INTERVALS																					
0		2		TOP SOIL																													
2		9		CLAY																													
9		13		FINE SAND																													
13		50		MED SAND/GRAVLE MIX																													
50		51		CLAY																													
51		78		MED SAND																													
												Notes:																					
<b>11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo-day-year) <b>6/21/2019</b> ... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>884</b> ..... This Water Well Record was completed on (mo-day-year) <b>8/9/2019</b> ..... under the business name of <b>WENINGER DRILLING, LLC</b> ..... Signature <b>Martha R. ...</b>																																	
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 <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> KSA 82a-1212 Revised 7/10/2015																																	