

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 NW ¼ NW ¼ SW ¼ SW ¼	Section Number 27	Township Number T 26 S	Range Number R 1 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
---	---------------------------------	-----------------------------	----------------------------------	---

2 WELL OWNER: Last Name: ISHAM BUILDERS Business: ISHAM BUILDERS Address: 5049 SANDKEY CT City: WICHITA State: KS ZIP: 67204	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"/> 3946 NORTH RIDGE ROAD, WICHITA, KS, 67205
--	---

3 LOCATE WELL WITH "X" IN SECTION BOX:

N

NW	NE
SW	SE

S

|-----1 mile-----|

4 DEPTH OF COMPLETED WELL: **80** ft.

Depth(s) Groundwater Encountered: 1) **13** ft.
2) _____ ft. 3) _____ ft., or 4) Dry Well

WELL'S STATIC WATER LEVEL: **11** ft.
 below land surface, measured on (mo-day-yr) **9/11/2019**
 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: **11.5** in. to **80** 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 type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock	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 _____	10. <input type="checkbox"/> Oil Field Water Supply: lease _____ 11. Test Hole: well ID _____ <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical
2. <input type="checkbox"/> Irrigation	9. Environmental Remediation: well ID _____ <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection	12. Geothermal: how many bores? _____ a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water
3. <input type="checkbox"/> Feedlot		13. <input type="checkbox"/> Other (specify): _____
4. <input type="checkbox"/> Industrial		

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 **80** ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.
Casing height above land surface **17** 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 **60** ft. to **80** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From **23** ft. to **80** 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? **EAST** Distance from well? **24** ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	TOP SOIL	79	80	CLAY
2	10	CLAY			
10	13	SANDY CLAY			
13	19	MED SAND			
19	57	GRAVEL			
57	61	CLAY			
61	63	MED SAND			
63	65	CLAY			
65	79	MED SAND			

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) **9/11/2019** 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) **9/16/2019** under the business name of **WENINGER DRILLING, LLC** Signature *Marcelo R. Rodriguez*