

WATER WELL RECORD Form WWC-5

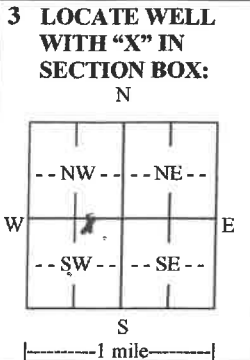
Original Record Correction Change in Well Use

Division of Water Resources App. No.

Well ID

1 LOCATION OF WATER WELL: County: **SEDGWICK** Fraction **SW ¼ NE ¼ NW ¼ NE ¼** Section Number **34** Township Number **T 26 S** Range Number **R 1 E W**

2 WELL OWNER: Last Name: **J RUSSELL COMMUNITIES** First: Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): **LOT 2, BLK B, SIENA LAKES 2ND ADDITION, WICHITA, KS**
 Business: **J RUSSELL COMMUNITIES** Address: **PO BOX 75337** City: **WICHITA** State: **KS** ZIP: **67275**



4 DEPTH OF COMPLETED WELL: **60** ft. Depth(s) Groundwater Encountered: 1) **11** ft. 2) ft. 3) ft., or 4) Dry Well WELL'S STATIC WATER LEVEL: **9** ft. below land surface, measured on (mo-day-yr) **9/24/2019** 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 **60** 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: Household Lawn & Garden Livestock Irrigation Feedlot Industrial

2. Public Water Supply: well ID

3. Dewatering: how many wells?

4. Aquifer Recharge: well ID

5. Monitoring: well ID

6. Environmental Remediation: well ID

7. Air Sparge Soil Vapor Extraction Recovery Injection

8. Oil Field Water Supply: lease

9. Test Hole: well ID

10. Cased Uncased Geotechnical

11. Geothermal: how many bores?

12. a) Closed Loop Horizontal Vertical b) Open Loop Surface Discharge Inj. of Water

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. Casing height above land surface **18** 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 **31** ft. to **51** 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 **2** 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? **NO INFORMATION GIVEN** ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	TOP SOIL			
2	6	CLAY			
6	11	FINE SAND			
11	31	GRAVEL			
31	32	CLAY			
32	51	GRAVEL			
51	52	CLAY			
52	60	FINE/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) **9/24/2019** 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) **10/21/2019** under the business name of **WENINGER DRILLING, LLC** Signature **Marsha K. Rapphausk**

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.