WATER WELL RECORD Form WWC-5 Division of Water													
Original Record Correction						esources App. No.			Well ID				
		ATER WEI	LL:	Fraction	ection Number								
	: SEDGWI			SE¼ SE¼ SW ½									
	OWNER: 1		-0	First:		Rural Address where well is located (if unknown, distance and							
						ection from nearest town or intersection): If at owner's address, check here:							
	Address: 1220 C DEDE STE D							50 W 61ST ST N					
City:	WICHITA	LDL, OIL D	State: KS	ZIP: 67209	COLWICH	, KS 67030							
3 LOCAT					60								
WITH "				IPLETED WELL:									
SECTIO	N BOX:			Encountered: 1)		Long	gitude	e:		(decimal degrees)			
1	1			3) ft., or 4)				Datum: WGS 8		83 LI NAD 27			
	<u> </u>	below l	WELL'S STATIC WATER LEVEL: 32 ft. below land surface, measured on (mo-day-yr).08/08/2016					Latitude/Longitude		<b>\</b>			
, NOV	, ,	above l	above land surface, measured on (mo-day-yr)				GPS (unit make/model:)   (WAAS enabled? ☐ Yes ☐ No)						
NW	NE		Pump test data: Well water was					Survey Topogra		.0)			
w	- $+$ $  +$ $ +$ $            -$		after hours pumpinggpm				Online Mapper:						
	' 1	Well water was ft.											
SW		after hours pumping gpm				6 Flourism A FI County FI TOC							
	X	Estimated Yield:18+gpm Bore Hole Diameter:10.5in. to60 ft. a				6 Elevation:ft. Ground Level TOC							
1	S	Bore Hole I				Source: Land Survey GPS Topographic Map							
1 mile  in. to ft.													
7 WELL WATER TO BE USED AS: 1. Domestic: 5. ☐ Public Water Supply: well ID													
I. Domestic:							10. Oil Field Water Supply: lease						
				g: how many wells? echarge: well ID		11. Test Hole: well ID							
<u> </u>				g: well ID		☐ Cased ☐ Uncased ☐ Geotechnical  12. Geothermal: how many bores?							
2. Irrigation 9. Environmental Remediation													
3. ☐ Feedlot ☐ Air Sparge					Soil Vapor Extraction			b) Open Loop Surface Discharge Inj. of Water					
4. ☐ Industrial ☐ Recovery													
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ■ No If yes, date sample was submitted:													
Was a chemical bacter fological sample submitted to RDHE?   Yes   No 11 yes, date sample was submitted:													
8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other													
Casing height above land surface 12 in Weight 1bs /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													
□ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole)  SCREEN-PERFORATED INTERVALS: From													
SCREEN-P	PERFORAT	ED INTERV	ALS: From	1.50 ft. to 60	ft., From	ft. to	0	ft., From	ft. to	ft.			
GRAVEL PACK INTERVALS: From													
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other													
9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☐ Bentonite ☐ Other													
Nearest source of possible contamination:													
Septic			Lateral Line			Livestock Pe		_	cide Storage				
Sewer			Cess Pool	☐ Sewage La		Fuel Storage			oned Water	Well			
☐ Watertight Sewer Lines ☐ Scepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well													
☐ Other (Specify) Direction from well? NORTH Distance from well? 100+ ft.													
10 FROM	TO		ITHOLOG		FROM	ТО		HO. LOG (cont.) or		GINTERVALS			
0		OP SOIL			11011	10	-71.11	200 (2011.) 01	LUGGIN	SHILLKING			
		CLAY						****					
		MED GRAVE	=			1							
				**************************************		<del>  </del>							
					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) .08/08/20.16 and this record is true to the best of my knowledge and belief.													
Kansas Wa	ter Well Cor	tractor's Lice	ense No. 8	84 This W	ater Well Re	cord was cor	mple	ed on tmo-day-ye	ear) Q8/16/	2016			
under the b	usiness name	e of WENIN	ger dri	LLING, LLC	S	ignature		W.	• • • • • • • • • • • • • • • • • • • •				
Mail	white copy ald	ong with a fee of	\$5.00 for eac	ch constructed well to: Ka	nsas Departmer	t of Health and	Envir	onment, Bureau of W	ater, GWTS S	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													