

WATER WELL RECORD Form WWC-5

Division of Water Resources App. No.

Well ID

Original Record Correction Change in Well Use

| | | | | |
|---|---|----------------------------|----------------------------------|---|
| 1 LOCATION OF WATER WELL: County: SEDGWICK | Fraction NW 1/4 SW 1/4 SW 1/4 SE 1/4 | Section Number 7 | Township Number T 27 S | Range Number R 1 <input type="checkbox"/> E <input checked="" type="checkbox"/> W |
|---|---|----------------------------|----------------------------------|---|

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| 2 WELL OWNER: Last Name: TURNER First: RODNEY Business: Address: 1417 N RUTGERS Address: City: WICHITA State: KS ZIP: 67212 | 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 checked="" type="checkbox"/> |
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|---|--|--|--|--|--|--|--|--|--|---|
| 3 LOCATE WELL WITH "X" IN SECTION BOX: N <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 25px; height: 25px;"></td><td style="border: 1px solid black; width: 25px; height: 25px;"></td></tr> <tr><td style="border: 1px solid black; width: 25px; height: 25px;"></td><td style="border: 1px solid black; width: 25px; height: 25px;"></td></tr> <tr><td style="border: 1px solid black; width: 25px; height: 25px;"></td><td style="border: 1px solid black; width: 25px; height: 25px;"></td></tr> <tr><td style="border: 1px solid black; width: 25px; height: 25px;"></td><td style="border: 1px solid black; width: 25px; height: 25px;"></td></tr> </table> W E S ----- 1 mile ----- | | | | | | | | | 4 DEPTH OF COMPLETED WELL: 70 ft. Depth(s) Groundwater Encountered: 1) 28 ft. 2) ft. 3) ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: 25 ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) 05/15/2017 <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: 18+ gpm Bore Hole Diameter: 10.5 in. to 70 ft. and in. to ft. | 5 Latitude: (decimal degrees) Longitude: (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: |
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| | | | | | | | | | | |
| 6 Elevation: ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC Source: <input type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other | | | | | | | | | | |

7 WELL WATER TO BE USED AS:

| | | |
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| 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 <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection | 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 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 13. <input type="checkbox"/> 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 **70** ft., Diameter in. to ft., Diameter in. to ft.
 Casing height above land surface **12** 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 **70** ft., From ft. to ft., From ft. to ft.
GRAVEL PACK INTERVALS: From **23** ft. to **70** 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:

| | | | | |
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| <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? **WEST** Distance from well? **100+** ft.

| 10 FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHO. LOG (cont.) or PLUGGING INTERVALS |
|---------------|----|----------------|------|----|--|
| 0 | 1 | TOP SOIL | | | |
| 1 | 20 | CLAY | | | |
| 20 | 38 | MED SAND | | | |
| 38 | 49 | CLAY | | | |
| 49 | 53 | FINE SAND | | | |
| 53 | 70 | 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) **05/15/2017** 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) **05/24/2017** under the business name of **WENINGER DRILLING, LLC** Signature _____

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.