| | WELL R | | WWC-5 | | sion of Water | | | | |
|---|---|-------------------------------------|--------------------------------------|---|--|---|---------|------------------------|--|
| | Record | | e in Well Use | | arces App. No. | | Well ID | | |
| 1 LOCATION OF WATER WELL: County: SEDGWICK | | | Fraction | | ion Number | Township Number | | ige Number | |
| | | | NW 1/4 NE 1/4 SE 1/4 First: CHARLES | Street or Rural Address where well is located (if unknown, distance and | | | | | |
| 2 WELL OWNER: Last Name: BULEN First: CHARLES 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: | | | | | | | | | |
| Address: 11311 WEST CINDY STREET | | | | | | | | | |
| Address: | | | | | | | | | |
| City: | WICHITA | State: KS | ZIP: 67212 | | | | | | |
| 3 LOCAT WITH " | | 4 DEPTH OF COM | IPLETED WELL: | | | | | | |
| SECTIO | | | Encountered: 1) | | Longitu | Longitude:(decimal degrees) | | | |
| N | | | 3) ft., or 4) □ | 20 | | | | 83 \(\text{NAD 27} \) | |
| | | | TER LEVEL: 30, measured on (mo-day-) | | Source for Latitude/Longitude: GPS (unit make/model:) | | | | |
| NW X- | , , , , , , , , , , , , , , , , , , , | | , measured on (mo-day-y | | | | | | |
| NW | NE | Pump test data: Well v | | ☐ Land Survey ☐ Topographic Map | | | | | |
| l w | E | | s pumping | | Online Mapper: | | | | |
| SW | SF | | water was ft | | | | | | |
| . 3,4 | 1 | | s pumping į | gpm | 6 Elevation:ft. ☐ Ground Level ☐ TO | | | Level □ TOC | |
| | S | Estimated Yield: 20: | 10.5 in to 115 | | | | | | |
| 1 n | | | in. to | | Other | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | |
| 1. Domestic: | | | ater Supply: well ID | | | ield Water Supply: leas | | | |
| ☐ Housel | | 6. Dewaterin | | 11. Test Hole: well ID | | | | | |
| Lawn & | | | | arge: well ID Cased Uncased | | | | | |
| _ | Livestock 8. Monitoring: well ID | | | | 12. Geothermal: how many borcs? | | | | |
| | 2. ☐ Irrigation 9. Environmental Remediation: well ID 3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Extraction | | | | | a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water | | | |
| 4. Industr | | ☐ Recovery | | xtraction | | | | | |
| | | | | | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ■ No If yes, date sample was submitted: | | | | | | | | | |
| | | | | | | | | | |
| Casing diameter 5 in to 115 ft Diameter in to ft Diameter in to ft | | | | | | | | | |
| 8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other | | | | | | | | | |
| 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 | | | | | | | | | |
| GRAVEL PACK INTERVALS: From 22 ft. to 115 ft., From ft. to ft., From ft. to ft. | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | | |
| Grout Intervals: From3ft. to22ft., Fromft. toft. toft. | | | | | | | | | |
| Nearest source of possible contamination: | | | | | | | | | |
| Septic | | ☐ Lateral Line | | _ | Livestock Pens | | | | |
| Sewer | | ☐ Cess Pool | ☐ Sewage Lag ☐ Feedyard | | Fuel Storage | Abandon | | | |
| | | | | | | | | | |
| ☐ Other (Specify) Direction from well? SOUTH Distance from well? 80 + fi. | | | | | | | | | |
| 10 FROM | ТО | LITHOLO | GIC LOG | FROM | TO L | THO, LOG (cont.) or F | LUGGIN | G INTERVALS | |
| 0 | | TOP SOIL | | | | | | | |
| 1 | | CLAY | | | | | | | |
| 18 | | MED SAND | | | | | | | |
| 42 | | CLAY | | | | 4444 | | | |
| 48 | 115 | MED SAND | | 1 | | | | | |
| | | | | NT. 4 | | | | | |
| | | | | 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) 9/27/2018 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) .10/4/2018. under the business name of .WENINGER.DRILLING. LLC. Signature | | | | | | | | | |
| under the b | usiness nam | e of .WENINGER.DR | ILLING. LLC | Sig | gnature MAR | SHA. KRZYKROWSKA | | C | |
| 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, GW18 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. | | | | | | | | | |
| | | | | KSA 82a-12 | | roi your records. Telephol | | 1 7/10/2015 | |
| VISIT US ALTILL | PARTY VY VY TY. KULICK | . BO - / Water Well/Illue/A.IItlill | | | | | | | |