

WATER WELL RECORD Form WWC-5

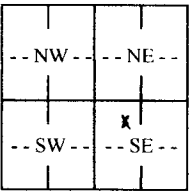
Division of Water Resources App. No.

Well ID

Original Record Correction Change in Well Use

| | | | | |
|---|---------------------------------|----------------------------|----------------------------------|---|
| 1 LOCATION OF WATER WELL: County: SEDGWICK | Fraction SW ¼ NE ¼ NW ¼ SE ¼ | Section Number 5 | Township Number T 27 S | Range Number R 1 <input type="checkbox"/> E <input checked="" type="checkbox"/> W |
|---|---------------------------------|----------------------------|----------------------------------|---|

| | |
|--|--|
| 2 WELL OWNER: Last Name: CLINT MILLER HOMES Address: 1907 SOUTH HYDRAULIC City: WICHITA State: KS ZIP: 67211 | 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"/> 9410 WEST STERLING CT, WICHITA, KS 67205 |
|--|--|

| | | |
|--|--|--|
| 3 LOCATE WELL WITH "X" IN SECTION BOX: N  S -----1 mile----- | 4 DEPTH OF COMPLETED WELL: 60 ft. Depth(s) Groundwater Encountered: 1) ft. 2) ft. 3) ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: ft. <input type="checkbox"/> below land surface, measured on (mo-day-yr)..... <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: ... 20 ... gpm Bore Hole Diameter: ... 1.5 in. to ... 60 ft. and in. to ft. | 5 Latitude: 37 72886 (decimal degrees) Longitude: 97 45084 (decimal degrees) Horizontal Datum: <input checked="" 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: |
| | | 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:

| | | |
|---|--|---|
| 1. Domestic: <input type="checkbox"/> Household <input checked="" type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock | 5. <input type="checkbox"/> Public Water Supply: well ID | 10. <input type="checkbox"/> Oil Field Water Supply: lease |
| 2. <input type="checkbox"/> Irrigation | 6. <input type="checkbox"/> Dewatering: how many wells? | 11. Test Hole: well ID |
| 3. <input type="checkbox"/> Feedlot | 7. <input type="checkbox"/> Aquifer Recharge: well ID | <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical |
| 4. <input type="checkbox"/> Industrial | 8. <input type="checkbox"/> Monitoring: well ID | 12. Geothermal: how many bores? |
| | 9. Environmental Remediation: well ID | a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical |
| | <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction | b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water |
| | <input type="checkbox"/> Recovery <input type="checkbox"/> Injection | 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 **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 **40** ft. to **60** ft., From ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From **24** ft. to **60** ft., From ft. to ft., From ft. to ft.

9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other

Grout Intervals: From **3** ft. to **24** ft., From ft. to ft., From ft. to ft.

Nearest source of possible contamination:

| | | | | |
|--|--|--|---|---|
| <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? **NORTH** Distance from well? **90 PLUS** ft.

| 10 FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHO. LOG (cont.) or PLUGGING INTERVALS |
|---------------------------------------|----|----------------|------|----|--|
| 0 | 2 | TOP SOIL | | | |
| 2 | 16 | CLAY | | | |
| 16 | 22 | FINE SAND | | | |
| 22 | 36 | MED SAND | | | |
| 36 | 37 | CLAY | | | |
| 37 | 60 | GRAVEL | | | |
| Notes: WE DRILLED WELL ONLY | | | | | |

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) **5/22/2019**..... 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) **7/16/2019**..... under the business name of **WENINGER DRILLING LLC** Signature *Maurice Kopykowski*

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.

Visit us at <http://www.kdheks.gov/waterwell/index.html> **KSA 82a-1212** **Revised 7/10/2015**