| WATER WELL RECORD Form WWC-5  |  |                               |                                       |   | ion of Water   |   |                      |  |                                       |  |
|---|--|-------------------------------|---------------------------------------|---|--|---|----------------------|--|---------------------------------------|--|
| ✓ Original Record ☐ Correction ☐ Change in Well   |  |                               |                                       |   | desources App. No. Well ID                                 |   |                      |  |                                       |  |
| 1 LOCATION OF WATER WELL: Use Fraction County: Sedgwick NE 1/4 SW 1/4 NW 1/4  |  |                               |                                       |   | tion Number Township Number Range Number                   |   |                      |  |                                       |  |
|   | Sedgwic  |                               |                                       |   |  |   |                      |  |                                       |  |
| 2 WELL OWNER: Last Name: MC KENNA First: Janna Street or Rural Address where well is located (if unknown, distance and  |  |                               |                                       |   |  |   |                      |  |                                       |  |
| Business: Address:  direction from nearest town or intersection): If at ow  |  |                               |                                       |   |  |   |                      | aress, ch                              | neck here: 💌                          |  |
| Address: 2653 N. Shefford   |  |                               |                                       |   |  |   |                      |  |                                       |  |
| City: Wichita State: Kansas ZIP: 67205  |  |                               |                                       |   |  |   |                      |  |                                       |  |
| 3 LOCATI  |  |                               |                                       | 20 0  |  | 27 724 67   |                      |  |                                       |  |
| WITH "  | X" IN  | ,                             | MPLETED WELL: 3                       |   |  | : 37.73167  |                      | ,                                      |                                       |  |
| SECTIO  | N BOX:   |                               | er Encountered: 1)                    |   | Longitude: -97, 47350 (decimal degrees)                    |   |                      |  |                                       |  |
| N   | 2) ft. 3) ft., or 4)<br>WELL'S STATIC WATER LEVEL: <b>25</b>                                 |                               |                                       |   |  | Horizontal Datum: ■ WGS 84 □ NAD 83 □ NAD 27 Source for Latitude/Longitude: |                      |  |                                       |  |
| ■ below land surface, measured on (mo-day-yr).  |  |                               |                                       |   | GPS (unit make/model:)                                     |   |                      |  |                                       |  |
| , , , , , , , , , , , , , , , , , , ,   | above land surface, measured on (mo-day-yr).   |                               |                                       |   | Grs  |   |                      |  |                                       |  |
| ×   | NW NE Dabove land surface, measured on (mo-day-yr).  Pump test data: Well water was          |                               |                                       |   | (WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ■ Topographic Map |   |                      |  |                                       |  |
| w   | Е  | afterho                       | gpm                                   | Online Mapper:  |  |   |                      |  |                                       |  |
| '   | '  | Wel                           | -                                     |   |  |   |                      |  |                                       |  |
| SW  | SWSE after hours pumpinggr   |                               |                                       |   | 6 File - 4   |   | φ                    | C===================================== | Lavel El TOC                          |  |
|   |  | Estimated Yield:              |                                       | 6 Elevation:ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ☐ GPS ☐ Topographic Map      |  |   |                      |  |                                       |  |
| 1   |  |                               | 12 in. to 7.0                         |   | Source: Land Survey GPS 10                                 |   |                      |  |                                       |  |
|   |  |                               |                                       |   |  |   |                      |  |                                       |  |
| 7 WELL WATER TO BE USED AS:   |  |                               |                                       |   |  |   |                      |  |                                       |  |
| 1. Domestic:  |  |                               |                                       |   | 10. Oil Field Water Supply: lease                          |   |                      |  |                                       |  |
| _   | ☐ Household 6. ☐ Dewatering: how many wells?  ■ Lawn & Garden 7. ☐ Aquifer Recharge: well ID |                               |                                       |   | 11. Test Hole: well ID                                     |   |                      |  |                                       |  |
| Lawn &  |  | 7. ☐ Aquifer<br>8. ☐ Monitor  |                                       | Cased Uncased Geotechnical  12. Geothermal: how many bores?                             |  |   |                      |  |                                       |  |
| 2. Irrigati   |  | 9. Environme                  |                                       |   |  |   |                      |  |                                       |  |
| 3. Feedlo   |  | ☐ Air Spa                     | xtraction                             | a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water |  |   |                      |  |                                       |  |
| 4. Industr  |  | Recove                        |                                       | 13. Other (specify):  |  |   |                      |  |                                       |  |
|   |  |                               |                                       |   |  |   |                      |  |                                       |  |
| Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ■ No If yes, date sample was submitted:  |  |                               |                                       |   |  |   |                      |  |                                       |  |
| 8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other  |  |                               |                                       |   |  |   |                      |  |                                       |  |
| Casing diameter5  |  |                               |                                       |   |  |   |                      |  |                                       |  |
| Casing diameter . 5   |  |                               |                                       |   |  |   |                      |  |                                       |  |
| ☐ 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 50  |  |                               |                                       |   |  |   |                      |  |                                       |  |
| GRAVEL PACK INTERVALS: From 24 ft. to 79 ft., From ft. to ft. from ft.  |  |                               |                                       |   |  |   |                      |  |                                       |  |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Bentonite.hole.plug  |  |                               |                                       |   |  |   |                      |  |                                       |  |
|   |  |                               | ft., From                             |   |  |   |                      |  |                                       |  |
|   |  | le contamination:             |                                       |   | ,  |   |                      |  |                                       |  |
| ☐ Septic  |  | ☐ Lateral L                   |                                       |   | Livestock Pens   |   | secticide            |  |                                       |  |
| ☐ Sewer   |  | ☐ Cess Poo                    |                                       |   | Fuel Storage   |   | bandoned             |  | Well                                  |  |
| ■ Watertight Sewer Lines  |  |                               |                                       |   |  |   |                      |  |                                       |  |
| ☐ Other (Specify)   |  |                               |                                       |   |  |   |                      |  |                                       |  |
|   |  |                               | OGIC LOG                              |   |  | ITHO. LOG (cor  |                      | ICCDY                                  | CINTEDVALE                            |  |
| 10 FROM   | ТО   |                               | OGIC LOG                              | FROM  | TO L   | TINO. LOG (col  | it.) OF PL           | OUGIN                                  | JINIERVALS                            |  |
| 0<br>3  |  | topsoil<br>clay               |                                       |   |  |   |                      |  |                                       |  |
| 20  |  | fine sand                     | · · · · · · · · · · · · · · · · · · · |   |  |   |                      |  |                                       |  |
| 45  |  | rine sand<br>medium sand      |                                       |   |  |   |                      |  |                                       |  |
|   |  | medium saud                   |                                       | 1   |  |   |                      |  | · · · · · · · · · · · · · · · · · · · |  |
|   |  |                               |                                       |   |  |   |                      |  |                                       |  |
|   |  |                               |                                       | NT 4  |  |   |                      |  |                                       |  |
|   | Notes:   |                               |                                       |   |  |   |                      |  |                                       |  |
|   |  |                               |                                       |   |  |   |                      |  |                                       |  |
| 44 CONTRACTORIS ON A AND ON AND ON A CONTRACTOR OF THE CONTRACTOR |  |                               |                                       |   |  |   |                      |  |                                       |  |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged and belief   |  |                               |                                       |   |  |   |                      |  |                                       |  |
| under my jurisdiction and was completed on (mo-day-year) 0.4/30/2021 and this record is true to the best of my knowledge and belief.  Kansas Water Well Contractor's License No236 This Water Well Record was completed on (mo-day-year) 5/3/2021   |  |                               |                                       |   |  |   |                      |  |                                       |  |
| under the b   | uer well Con   | ne of Harn                    | 230 This Water<br>Well and Pump Servi | ce Sin  | vas completed<br>mature <b>Tod</b> a                       | l S.Havo  | ar <i>) 4.2.43</i> . | ~~ <i>~</i>                            |                                       |  |
| Mail 1 v  | white copy alon  | g with a fee of \$5.00 for ea | ch constructed well to: Kans          | as Department of  | Health and Env   | ironment, Bureau o  | f Water, G           | WTS Sec                                | ction,                                |  |
| 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   |  |                               |                                       |   |  |   |                      |  |                                       |  |