

**WATER WELL RECORD Form WWC-5**

Original Record  Correction  Change in Well Use

Division of Water Resources App. No.

Well ID

|   |  |                             |                                  |   |
|---|--|-----------------------------|----------------------------------|---|
| <b>1 LOCATION OF WATER WELL:</b><br>County: <b>SEDGWICK</b> | Fraction<br><b>NW 1/4 SE 1/4 NE 1/4 SE 1/4</b> | Section Number<br><b>36</b> | Township Number<br><b>T 27 S</b> | Range Number<br><b>R 2 <input type="checkbox"/> E <input checked="" type="checkbox"/> W</b> |
|---|--|-----------------------------|----------------------------------|---|

|   |  |
|---|--|
| <b>2 WELL OWNER:</b> Last Name: <b>SAPP</b> First: <b>ROBERT</b><br>Business Address: <b>12109 WEST JEWELL CT.</b><br>City: <b>WICHITA</b> State: <b>KS</b> ZIP: <b>67235</b> | 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"/> |
|---|--|

|  |   |  |
|--|---|--|
| <b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b><br>N<br>W E<br>S<br>1 mile | <b>4 DEPTH OF COMPLETED WELL:</b> 120 ft.<br>Depth(s) Groundwater Encountered: 1) ..... ft.<br>2) ..... ft. 3) ..... ft., or 4) <input type="checkbox"/> Dry Well<br>WELL'S STATIC WATER LEVEL: 30 ft.<br><input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) <b>7/5/2018</b><br><input type="checkbox"/> above land surface, measured on (mo-day-yr) .....<br>Pump test data: Well water was ..... ft.<br>after ..... hours pumping ..... gpm<br>Well water was ..... ft.<br>after ..... hours pumping ..... gpm<br>Estimated Yield: <b>20+</b> gpm<br>Bore Hole Diameter: <b>10.5</b> in. to <b>120</b> ft. and<br>..... in. to ..... ft. | <b>5 Latitude:</b> ..... (decimal degrees)<br><b>Longitude:</b> ..... (decimal degrees)<br>Horizontal Datum: <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27<br><b>Source for Latitude/Longitude:</b><br><input type="checkbox"/> GPS (unit make/model: .....)<br>(WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No)<br><input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map<br><input type="checkbox"/> Online Mapper: ..... |
|  |   | <b>6 Elevation:</b> ..... ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC<br>Source: <input type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map<br><input type="checkbox"/> Other .....   |

**7 WELL WATER TO BE USED AS:**

|   |   |   |
|---|---|---|
| 1. Domestic:<br><input type="checkbox"/> Household<br><input checked="" type="checkbox"/> Lawn & Garden<br><input type="checkbox"/> Livestock | 5. <input type="checkbox"/> Public Water Supply: well ID .....<br>6. <input type="checkbox"/> Dewatering: how many wells? .....<br>7. <input type="checkbox"/> Aquifer Recharge: well ID .....<br>8. <input type="checkbox"/> Monitoring: well ID ..... | 10. <input type="checkbox"/> Oil Field Water Supply: lease .....<br>11. Test Hole: well ID .....<br><input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical                       |
| 2. <input type="checkbox"/> Irrigation  | 9. Environmental Remediation: well ID .....<br><input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction<br><input type="checkbox"/> Recovery <input type="checkbox"/> Injection   | 12. Geothermal: how many bores? .....<br>a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical<br>b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water |
| 3. <input type="checkbox"/> Feedlot   | 4. <input type="checkbox"/> Industrial  | 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 **120** ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
Casing height above land surface **15** in. Weight ..... lbs./ft. Wall thickness or gauge No. **SDR-26**.....

TYPE OF SCREEN OR PERFORATION MATERIAL: .....

Steel  Stainless Steel  Fiberglass  PVC  
 Brass  Galvanized Steel  Concrete tile  None used (open hole)  Other (Specify) .....

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 **108** ft. to **120** ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
GRAVEL PACK INTERVALS: From **24** ft. to **120** 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., 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? **EAST** Distance from well? **85+** ft.

| 10 FROM       | TO  | LITHOLOGIC LOG | FROM | TO | LITHO. LOG (cont.) or PLUGGING INTERVALS |
|---------------|-----|----------------|------|----|--|
| 0             | 1   | TOP SOIL       |      |    |  |
| 1             | 91  | CLAY           |      |    |  |
| 91            | 96  | FINE SAND      |      |    |  |
| 96            | 100 | MED SAND       |      |    |  |
| 100           | 106 | CLAY           |      |    |  |
| 106           | 120 | MED GRAVEL     |      |    |  |
| <b>Notes:</b> |     |                |      |    |  |

**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) **7/5/2018** 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) **7/19/2018** under the business name of **WENINGER DRILLING LLC**. Signature: *[Signature]*