

WATER WELL RECORD Form WWC-5

Original Record Correction Change in Well Use

Division of Water Resources App. No.

Well ID

| | | | | |
|---|---------------------------------|----------------------------|----------------------------------|---|
| 1 LOCATION OF WATER WELL: County: SEDGWICK | Fraction NW ¼ SE ¼ NW ¼ NE ¼ | Section Number 6 | Township Number T 28 S | Range Number R 1 <input type="checkbox"/> E <input checked="" type="checkbox"/> W |
|---|---------------------------------|----------------------------|----------------------------------|---|

2 WELL OWNER: Last Name: **DRAHER** First: **Steve+ Car** 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:

Business Address: **11008 WEST HADDEN CIR**

Address: **WICHITA** State: **KS** ZIP: **67215**

3 LOCATE WELL WITH "X" IN SECTION BOX:

N

| | |
|----|----|
| NW | NE |
| SW | SE |

S

----- 1 mile -----

4 DEPTH OF COMPLETED WELL: **50** ft.

Depth(s) Groundwater Encountered: 1) ft.
2) ft. 3) ft., or 4) Dry Well

WELL'S STATIC WATER LEVEL: ft.

below land surface, measured on (mo-day-yr).....
 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: gpm

Bore Hole Diameter: **10.5** in. to **50** ft. and
..... in. to ft.

5 Latitude: (decimal degrees)
Longitude: (decimal degrees)
Horizontal Datum: WGS 84 NAD 83 NAD 27
Source for Latitude/Longitude:
 GPS (unit make/model:)
(WAAS enabled? Yes No)
 Land Survey Topographic Map
 Online Mapper:

6 Elevation: ft. Ground Level TOC
Source: Land Survey GPS Topographic Map
 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 **50** ft., Diameter in. to ft., Diameter in. to ft.
Casing height above land surface **14** 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 **30** ft. to **50** ft., From ft. to ft., From ft. to ft.
GRAVEL PACK INTERVALS: From **23** ft. to **50** 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:

| | | | | |
|--|--|--|---|---|
| <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? **80+** ft.

| 10 FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHO. LOG (cont.) or PLUGGING INTERVALS |
|---------------|----|----------------|------|----|--|
| 0 | 1 | TOP SOIL | | | |
| 1 | 15 | CLAY | | | |
| 15 | 20 | FINE SAND | | | |
| 20 | 45 | MED GRAVEL | | | |
| 45 | 50 | GRAY CLAY | | | |
| 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) **10/2/2018**..... 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) **10/10/2018**..... under the business name of **WENINGER DRILLING, LLC**..... Signature *MARSHA KRZYKOWSKI*

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.