WATER WELL B			WWC-5		ision of Water				
Original Record			e in Well Use		urces App. No.		Well ID		
1 LOCATION OF WATER WELL:			Fraction		tion Number	Township Numb		ige Number	
County: SEDGWI		NE' NW 14 SW 14		12					
2 WELL OWNER: Last Name: GIRRENS First: DUSTIN Street or Rural Address where well is located (if unknown, distance and direction from negrest town or intersection): If at owner's address, check here:									
Business: Address: 12610 W 34TH ST S direction from nearest town or intersection): If at owner's address, check here:									
Address:									
City: WICHITA State: KS ZIP: 67227									
3 LOCATE WELL WITH "X" IN	4 DEPTH C	OF COM	IPLETED WELL:	137 ft	5 Latitude:(decimal degrees)				
SECTION BOX:	Depth(s) Groundwater Encountered: 1)ft.				Longitude:(decimal degrees)				
N N	2)				Horizontal Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27				
	WELL'S STATIC WATER LEVEL:ft. ■ below land surface, measured on (mo-day-yr).09/20/2016 □ GPS (unit make/model:								
NW NE	above lan	d surface.	measured on (mo-day-y	/T)	☐ GPS	☐ GPS (unit make/model:) (WAAS enabled? ☐ Yes ☐ No)			
T. I.W J. I.E I.	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map				
W	after3	after							
SW SE	Well water was ft. after hours pumping gpm								
	Estimated Yie	ld: 24	2gnm	•	6 Elevation	6 Elevation:ft. ☐ Ground Level ☐ TOC			
S	Bore Hole Dia	Bore Hole Diameter:10.5 in. to137 ft. and				Source: Land Survey GPS Topographic Map			
1 mile in. to ft.									
7 WELL WATER TO BE USED AS:									
1. Domestic:			ter Supply: well ID		10. ☐ Oil F	ield Water Supply: le	ase		
☐ Household ■ Lawn & Garden		g: how many wells?		11. Test Hole: well ID					
Livestock		7. ☐ Aquifer Recharge: well ID				12. Geothermal: how many bores?			
2. Irrigation		9. Environmental Remediation: well ID				a) Closed Loop Horizontal Vertical			
3. Teedlot		☐ Air Sparge ☐ Soil Vapor Extra				b) Open Loop Surface Discharge Inj. of Water			
4. Industrial	P	Recovery	☐ Injection		13. Othe	r (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 diameter 5 in. to 137 ft., Diameter in. to ft., Diameter in. to to ft., Diameter in. to SDR-26 in. Weight 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									
□ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole) SCREEN-PERFORATED INTERVALS: From .130 ft. to .137 ft., From .40 ft. to .55 ft., From ft. to ft.									
GRAVEL PACK INTERVALS: From									
9 GROUT MATERIAL: Neat cement Cement grout Reptonite Other									
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other									
Nearest source of possible contamination:									
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage									
Sewer Lines		ss Pool	☐ Sewage Lag ☐ Feedyard	oon 📙	Fuel Storage		oned Water		
Other (Specify) Direction from well? NORTH Distance from well? 100+									
10 FROM TO	LI		GIC LOG	FROM		THO. LOG (cont.) or		G INTERVALS	
0 1	TOP SOIL						· · · · · · · · · · · · · · · · · · ·		
	CLAY								
	FINE SAND								
	MED GRAVEL								
	CLAY								
	MED SAND CLAY			Notes:					
		IED GRAVEL							
130 137 RED SHALE									
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed. Treconstructed or plugged									
under my jurisdiction and was completed on (mo-day-year) 09/20/2016 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) 09/26/2016 under the business name of WENINGER DRILLING. LLC									
Kansas Water Well Con	ntractor's Licen	se No. 8	This Wat	er Well Rec	ord was comp	letted on tho-day-ye	ear) 09/26	720.16	
under the business nam	e of XXENING	00 for each	h constructed well to: Van	Sig	of Health and D	vironment Bureau CW	tor CWFC (antion	
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									