

County: Sedgwick Fraction: NW, NE, SW, NW Sec. 5 T. 28 S R. 4 E/W

**CORRECTION(S) to WATER WELL COMPLETION RECORD Form WWC-5 (to rectify lacking or incorrect information)**

Owner: Michael Middleton 521 W. Cherry Oaks Ct. Cheney, KS

If location corrected, was listed as: \_\_\_\_\_ Location changed to: \_\_\_\_\_

Section-Township-Range: \_\_\_\_\_

Fraction (1/4 calls): NE, SW, NW | NW, NE, SW, NW

Other changes: Initial statements: Well use reported as Domestic - Household "Disposal Well"

Changed to: Geothermal, Open Loop Inj. of Water

Comments: Well also equipped with pump for lawn & garden watering.

Verification method: Contacted Water Well Contractor (Premier Pump) & obtained information.

Initials: PKC Date: 8/26/16

Submitted by:  Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726  
 Kansas Dept. of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367

# Disposal Well

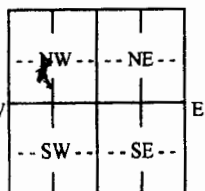
## WATER WELL RECORD Form WWC-5

 Division of Water Resources App. No.  

 Well ID  
 Original Record    Correction    Change in Well Use

<b>1 LOCATION OF WATER WELL:</b> County: <b>Sedwick</b>	Fraction $\frac{1}{4}$ NE $\frac{1}{4}$ SW $\frac{1}{4}$ NW $\frac{1}{4}$	Section Number <b>5</b>	Township Number <b>T 28 S</b>	Range Number <b>R 4</b> <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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<b>2 WELL OWNER:</b> Last Name: <b>Middleton</b> First: <b>Michael</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 type="checkbox"/> <b>321 W. Cherry Oaks Ct. Cheney, KS</b>
Business: Address: <b>1929 W. Orient</b> Address: City: <b>Wichita</b> State: <b>Ks</b> ZIP: <b>67213</b>	

<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> N  W E S 1 mile	<b>4 DEPTH OF COMPLETED WELL:</b> .....100..... ft. Depth(s) Groundwater Encountered: 1) .....20..... ft. 2) ..... ft. 3) ..... ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: .....20..... 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: ..... gpm Bore Hole Diameter: .....10..... in. to .....100..... ft. and ..... in. to ..... ft.	<b>5 Latitude:</b> .....(decimal degrees) <b>Longitude:</b> .....(decimal degrees) <b>Horizontal Datum:</b> <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 <b>Source for Latitude/Longitude:</b> <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: .....
		<b>6 Elevation:</b> .....ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC <b>Source:</b> <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 checked="" type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock 2. <input type="checkbox"/> Irrigation 3. <input type="checkbox"/> Feedlot 4. <input type="checkbox"/> Industrial	5. <input type="checkbox"/> Public Water Supply: well ID ..... 6. <input type="checkbox"/> Dewatering: how many wells? ..... 7. <input type="checkbox"/> Aquifer Recharge: well ID ..... 8. <input type="checkbox"/> Monitoring: well ID ..... 9. Environmental Remediation: well ID ..... <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection
	10. <input type="checkbox"/> Oil Field Water Supply: lease ..... 11. Test Hole: well ID ..... <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical 12. Geothermal: how many bores? ..... a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water 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 .....100..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
 Casing height above land surface .....12..... in.   Weight .....2.5..... lbs./ft.   Wall thickness or gauge No. **SDR26**

**TYPE OF SCREEN OR PERFORATION MATERIAL:**  
 Steel    Stainless Steel    Fiberglass    PVC    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 .....40..... ft. to .....100..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
**GRAVEL PACK INTERVALS:** From .....20..... ft. to .....100..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**9 GROUT MATERIAL:**  Neat cement    Cement grout    Bentonite    Other .....

Grout Intervals: From .....3..... ft. to .....20..... 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 checked="" 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 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? **West** ..... Distance from well? **15'** ..... ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	10	Topsoil			
10	18	Fine Sand			
18	100	Shale			

**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) **12/11/2015** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **238** ..... This Water Well Record was completed on (mo-day-year) **10/1/2015** ..... under the business name of **Premier Pump & Well Service, Inc.** Signature: *[Signature]*

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.