			<b>Form WWC-5</b> Change in Well			vision of Wate ources App. N			Well ID MW-14-17	
Original Record       Correction       Change in Well Use         1 LOCATION OF WATER WELL:       Fraction					Section Number Township Number Range Number					
County: Sedgwick       NW ¼ SE ¼ NE ¼ SE ¼       30       T 28       S       R 4       E X         2 WELL OWNER: Last Name: Bolinger       First: Van       Street or Rural Address where well is located (if unknown, distance and										
Business <sup>,</sup>		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:								
	6121 S. 391	st St.		·						
Address: City:	Cheney		State: KS ZIP: 6	7025						
3 LOCATE	D WELL:	25 ft. 5 Latitude: 37.580273 (decimal degrees)								
	4 DEPTH OF COMPLETED WELL: WITH "X" IN SECTION BOX: 4 DEPTH OF COMPLETED WELL: Depth(s) Groundwater Encountered: 1)					ft. Longitude: -97.790476 (decimal degrees)				
SECTIO	N N	2) WELL'S ST	Dry Well	Horiz	Horizontal Datum. WGS 84 INAD 83 X NAD 27					
			ed on (mo-day-y			Source for Latitude/Longitude : GPS (unit make/model: )				
	NW    NE     above land surface, measured on (mo-day       W     E     Pump test data: Well water was not checked after hours pumping					-	(WAAS enabled? X Yes □ No) □ Land Survey □ Topographic Map □ Online Mapper:			
W										
sw	SE×		Well water was							
		Well water wasft.afterhours pumpinggpmEstimated Yield:gpm			m	6 Eleva	tion: Unknown ft. 🗖 Ground Level 🔲 TOC			
	S	Bore Hole Diameter: $83/4$ in. to $28$ ft.			ft. and	Source: Land Survey GPS Topographic Map				
	mile			n. to				Other		
7 WELL WATER TO BE USED AS:         1. Domestic:       5. Public Water Supply: well ID         10. Oil Field Water Supply: lease										
	☐ Household 6. ☐ Dewatering: how many wells? _									
	Lawn & Garden 7. Aquifer Recharge: well ID					Cased Uncased Geotechnical				
	Livestock 8. Monitoring: well ID MW-14-17 Irrigation 9. Environmental Remediation: well II							al: how many bores Loop Horizont		
3. 🔲 Feedlo	3. Feedlot Air Sparge Soil Vapor					b) Open Loop 🔲 Surface Discharge 🔲 Inj. of Water				
4. Industrial Recovery Injection 13. Other (specify):										
Was a chemical/bacteriological sample submitted to KDHE? Water well disinfected?										
Water well disinfected?       Yes       Yes       No         8 TYPE OF CASING USED:       Steel       PVC       CASING JOINTS:       Glued       Clamped       Welded       Welded       Other										
Casing diameter $4\frac{1}{2}$ in. to $10$ ft., Diameter in. to ft., Diameter in. to ft.										
Casing height above land surface 0 in. Weight 2.07 lbs./ft. Wall thickness or gauge No. 237										
TYPE OF SCREEN OR PERFORATION MATERIAL:         Steel       Fiberglass         Yeve       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)										
SCREEN-PERFORATED INTERVALS: From 10 ft. to 25 ft., From ft. to ft., From ft. to ft.										
GRAVEL PACK INTERVALS: From 8 ft. to 28 ft., From ft. to ft., From ft. to ft.										
9 GROUT MATERIAL:       Image: Neat cement       Image: Cement grout       Image: Bentonite       Image: Other         Grout Intervals: From       0       ft. to       1       ft. rom       1       ft. rom       ft. rom <td< td=""></td<>										
Nearest source of possible contamination:										
Septic 7				Pit Privy Sewage Lago		Livestock Pen	IS		Ũ	
Sewer Lines       Cess Pool       Sewage Lagoon       Fuel Storage       Abandoned Water Well         Watertight Sewer Lines       Seepage Pit       Feedyard       Fertilizer Storage       Oil Well/Gas Well										
Other (Specify) MW-2-17										
Direction from 10 FROM	n well? <u>Las</u>		ITHOLOGIC LOC		FROM	ft. TO	LIT	HO LOG (cont.) or	PLUGGING INTERVALS	
0	I	Topsoil			1100				TEOGOING INTERVIES	
1	28 5	Shale, red, green								
	Notes: Flush Mount Construction Grouting modified due to shallow groundwater									
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) $\frac{10/11/17}{10}$ and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 185 This Water Well Record was completed <i>pn</i> -(mo-day-year) 10/16/17										
under the business name of Clarke Well & Equipment, Inc. Signature										
Mail 1 white copy along with a fee of \$5.00 for <u>each</u> 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.izov/waterwell/index.html       KSA 82a-1212       Revised 7/10/2015										