WATER				WWC-5			sion of Water	1			
	Record			ge in Well Use			irces App. N		Well ID		
1 LOCATION OF WATER WELL: Fraction SW1/4 NW1/2						Section Number Township Number Range Number					
			SW 1/4 NW 1/4 NV								
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and											
	Business: CONCO CONSTRUCTION INC. direction from nearest town or intersection): If at owner's address, check here:										
Address: 3051 N. OHIO ST Address: VALLEY CANTER, KS 67147											
City:	City: WICHITA State: KS ZIP: 67219										
3 LOCATE WELL 4 DEPTH OF COMPLETED WELL:85ft. 5 Latitude:37.88976											
WITH "A" IN Donth(s) Groundwater Encountered: 1) ft Longitude: -97 19712									(decimal degrees)		
	SECTION BOX: 2)							ntal Datum: 🔳 Wo			
19	WELL'S STATIC WATER LEVEL:							for Latitude/Long	itude:		
		below	below land surface, measured on (mo-day-yr)4-4-2024.					■ GPS (unit make/model: I-PHONE)			
NW	NE		above land surface, measured on (mo-day-yr) Pump test data: Well water was ft.						d? ☐ Yes ☐ l	No)	
			after hours pumping gpm				☐ Land Survey ☐ Topographic Map				
W	Well water was										
SW	SE	after		rs pumping gpm							
Festimated			l Vielde onm				6 Elevation:ft. Ground Level TOC				
1	S Bore Hole Diameter:				12 in. to 65 ft. and			Source: Land Survey GPS Topographic Map			
1 mile in. to ft. Utile:											
7 WELL WATER TO BE USED AS: 1. Domestic: 5. \[Public Water Supply: well ID											
1. Domestic:											
				ng: how many wells?echarge: well ID				☐ Cased ☐ Uncased ☐ Geotechnical			
_	Livestock 8. Monitoring: well ID						12. Geothermal: how many bores?				
2. 🗌 Irrigati								a) Closed Loop			
	3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor E						b) Open Loop Surface Discharge Inj. of Water				
4. Industrial Recovery Injection 13. 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											
Water well disinfected? ■ Yes □ No 8 TYPE OF CASING USED: □ Steel ■ PVC □ Other											
TYPE OF SCREEN OR PERFORATION MATERIAL:											
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 .40 ft. to .85 ft., From ft. to ft. ft. o ft.											
GRAVEL PACK INTERVALS: From											
9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☐ Bentonite ☐ Other											
Nearest source of possible contamination:											
Septic			Lateral Lir	nes 🔲 Pit Pri	vy		Livestock Pe	ens 🔲 Is	nsecticide Storag	ge	
☐ 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) Direction from well? SOUTH Distance from well? 60'+											
	om well? .9.9		TTHOT	OGIC LOG	ııı we	FROM	ТО	LITHO. LOG (co	nt) or PLUGGE	NG INTERVALS	
10 FROM	3	TOP SOIL	FILHOLO	OUL LOG		PACOM	10	LITTIO, LOG (CO	n., or i Loddi	110 III III VIIII	
3	28	CLAY									
28	35	BROWN SI	HALF								
35	85	GRAY SHA									
		10000	· · · · · · · · · · · · · · · · · · ·								
						Notes:	Notes:				
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged											
under my j	under my jurisdiction and was completed on (mo-day-year) 4-24-2024 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 236 This Water Well Record was completed on (mo-day-year) 4-6-2024 under the business name of HARP. WELL AND PUMP. SERVICE INCSignature TODD.S. HARP.										
Nansas Wa	alei Well Co	ne of HARF	WELL A	ND PUMP SERV	JICE	INCSi	gnature TC	DD S HARP	y car j		
Mail	1 white copy a	long with a fee	of \$5.00 for e	ach constructed well to): Kans	sas Department	of Health and	l Environment, Burea	iu of Water, GW IS	S 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											