	ELL <u>r</u> ecof		WWC-5		vision of Water	1	VIM-SVE-5	
	cord Correct		ige in Well Use		ources App. No.		Well ID	
1 LOCATION OF WATER WELL:			Fraction	Sec	ction Number	Township Number		
County: Sedgwick			NW1/4 SW1/4 NW1/4	4 NE 1/4	28	T 26 S	R 1 ME W	
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance								
	ity of Wichita			direction from nearest town or intersection): If at owner's address, check here:				
Address: 1900 F 9th Street								
Address: 2811 N Ohio. Waste Connections								
City: W	/ichita	State: KS	ZIP: 67214					
3 LOCATE WELL 4 DEPTH OF COMPLETED WELL: 13 ft. 5 Latitude: 611.733859 (dec								
WITH "X" I								
			Encountered: 1)!			Longitude: -97.326167 (decimal degrees) Horizontal Datum: ■ WGS 84 □ NAD 83 □ NAD 27		
N			3) ft., or 4)					
1 <del></del>			ATER LEVEL:			r Latitude/Longitude:		
NW	'	below land surface, measured on (mo-day-yr)				GPS (unit make/model:)		
NW N	NE   Li at	ump test data: Well water was ft.				(WAAS enabled? Tyes No)		
	1 1 1 .	fter hours pumpinggpm				☐ Land Survey ☐ Topographic Map		
			water was		LJ Onii	☐ Online Mapper:		
					-			
anern			rs pumping	gpm	6 Elevatio	n: 1313 ft	■ Ground Level □ TOC	
Estimated Yield:							PS Tonographic Man	
S Bore Hole Diameter: .i.				Coogle Forth			rth	
The state of the s								
7 WELL WATER TO BE USED AS:								
1. Domestic:			ater Supply: well ID				ase	
☐ Household 6. ☐ Dewaterin			ing: how many wells?	s? 11. Test Hole: well ID				
☐ Lawn & Garden 7. ☐ Aquifer R			Recharge: well ID : well IDVIM-	M-SVE-5 Cased Uncased Geotechnical				
☐ Livestock								
2. Irrigation			tal Remediation: well I					
3. ☐ Feedlot ☐ Air Sparge								
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?  \( \subseteq \text{Yes} \) No								
			VC 🗖 Other	CASI	NG IOINTS: I	Clued Clemned	□ Wolded □ Threeded	
8 TYPE OF CASING USED: ☐ Steel ■ PVC ☐ Other								
Casing diameter 4 in to 6 ft., Diameter in to ft., Diameter in to ft.								
Casing height above land surface								
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 .6								
GRAVEL PACK INTERVALS: From								
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other								
Grout Intervals: From								
Nearest source of possible contamination:								
☐ Septic Tank		☐ Lateral Lir	nes 🔲 Pit Privy		Livestock Pens	□ Insectic	ide Storage	
☐ 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)								
			Distance from w					
10 FROM	TO		GIC LOG	FROM			PLUGGING INTERVALS	
0 1	Gravel	ZIIIODC	. 0.10 1.00	1 KOW	LI LI	o. Lou (cont.) 01	FEGORIA INTEKVALO	
1 6.5		rk brown	viet dense		<del> </del>		<u> </u>	
		rk brown, mo			<del>                                     </del>	· · · · · · · · · · · · · · · · · · ·		
6.5 12			oist, petroleum odor		ļ		2014-7	
12 13		ant brown, fin	e to coarse, moist				,,	
	clayey							
				Notes:	<del></del>			
110tc3.								
11 CONTDA	CTODIC OD I	MOMBED	C CEDMIEIC AMIO	NI TEL:	11			
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, or plugged								
under my jurisdiction and was completed on (mo-day-year) 3-18-2020 and this record is true to the best of my knowledge and belief.  Kansas Water Well Contractor's License No. 604 This Water Well Record was completed on (mo-day-year)								
Namsas Water	well Contractor's	s License No.	Priority Service Inc	ater Well Re	cord was comp	leted on (mo-day-ye	ar)	
under the busin	its some of FII	MANUACUAL L	nonly or vice, inc.	Sı	gnaturer.	(A	CWTS S-44	
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 litte: w	ww.kdheks.gov_wate		Revised 7/10/2015					