WATER WELL RECORD Form WWC-5				ision of Water		VIM-SVE-7
Original Record		e in Well Use		ources App. No.		Well ID
1 LOCATION OF WA	ATER WELL:	Fraction		tion Number	Township Numb	
County: Sedgwick		NW1/4 SW1/4 NW1/4		28	T 26 S	R 1 ■E□W
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and						
Business: City of Wic	hita		direction from	nearest town or in	tersection): If at owner	r's address, check here: [
Address: 1900 E. 9th	n Street		044 N Ob:	- Masta Car		
Address:	140	1	2811 N Oni	o. Waste Co	nnections	
City: Wichita	State: KS	ZIP: 67214				
3 LOCATE WELL	4 DEPTH OF COMPLETED WELL: 13 ft. 5 Latitude: 611.733792 (decin					
WITH "X" IN		Encountered: 1)N				160 (decimal degrees)
SECTION BOX:		3) ft., or 4)		Longitt	100: WCC 9	4 🗆 NAD 83 🗆 NAD 27
N	WELL'S STATIC WA			or Latitude/Longitude		
	☐ below land surface)	
NW X NE	above land surface, measured on (mo-day-yr)				(WAAS enabled?	· · · · · · · · · · · · · · · · · · ·
NE	Pump test data: Well water was ft.			☐ Land Survey ☐ Topographic Map		
w	after hours pumping gpm			Online Mapper:		
	Well v					
SWSE	after hours	gpm		1200		
	Estimated Yield:	gpm	-	6 Elevation: 1309		
s	Bore Hole Diameter: 40	in. toلگا	. ft. and	Source:	Land Survey	GPS ☐ Topographic Map
mile		in. to			Other Google Ea	arth
7 WELL WATER TO BE USED AS:						
1. Domestic:		ter Supply: well ID		10. 🔲 Oil I	Field Water Supply: le	ease
☐ Household	6. 🗌 Dewaterin	g: how many wells?			le: well ID	
☐ Lawn & Garden	7. 🔲 Aquifer R	echarge: well ID : well IDVIM-S	<u></u>	☐ Case	d 🗌 Uncased 🔲 (Geotechnical Geotechnical
☐ Livestock	8. [: well ID VIM-S	VE-7	12. Geother	mal: how many bores	<i>i?</i>
2. 🔲 Irrigation	Environmenta	al Remediation: well ID			ed Loop 🔲 Horizont	
3. Teedlot	☐ Air Sparge	B Soil Vapor E	xtraction	b) Oper	n Loop 🔲 Surface Di	scharge 🔲 Inj. of Water
4. Industrial	☐ 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 JOINTS: Glued Clamped Welded Threaded						
Casing diameter						
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 Wranned ☐ Saw Cut ☐ None (Open Hole)						
SCREEN-PERFORATE	D INTERVALS: From	6 A to 13	ft From	f to	e From	ft to ft
GRAVEI PAC	KINTERVALS: From	4 etc 13	# From	At to	11., 1 10111 A Erom	# to #
SCREEN-PERFORATED INTERVALS: From .6 ft. to .13 ft., From ft. to ft., From ft. to ft. GRAVEL PACK INTERVALS: From 4 ft. to 13 ft., From ft. to ft., From ft. to ft. ft. o ft.						
Grout Intervals: From						
Nearest source of possible contamination:						
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage						
Sewer Lines	☐ Cess Pool	Sewage Lag		Fuel Storage		oned Water Well
☐ Watertight Sewer Line	_			Fertilizer Stora		II/Gas Well
Other (Specify)						
Direction from well? Distance from well? ft.						
10 FROM TO	LITHOLOG	GIC LOG	FROM			PLUGGING INTERVALS
	ravel		1	- 10 L	200 (0011.) 01	LEGGING HILLICYALD
	lay, dark brown, moi	st dense				
	lay, dark brown, moi					
	and, light brown, fine		 			
12 13	and, hunt brown, fine	to coarse, moist	-			
					····	
			1			······································
			Notes:			
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) 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)						
Kansas Water Well Cont	ractor's License No. 5	riority Sondan Inc	ter Well Rec	ord was comp	leted on (mo-day-ye	ar)
under the business name	OI FINAL COLUMN	hometrusted	Si	gnature	M	CWTS Sasting
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.						
					tor your records. Teleph	
Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015						