	WATE	R WELL RECORD	Form WWC-5 KSA 82	<u>2a-1212</u>	
1 LOCATION OF WATER WELL County: SEDGWICK	Fraction NE 1/4	NE ¼ NW	Section Numbe	Township Number	Range Number
Distance and direction from near		,,,	Street address of well		, ,,
2 WATER WELL OWNER: L	ewood Homes	Spe	c. House	withita, RS.	
RR#, St. Address, Box # : 6.	130 Legion	- 1		Board of Agriculture	Division of Water Resource
City, State, ZIP Code : W:	ichita, Ks.			Application Number:	sivision of vialor riosograc
3 DEPTH OF COMPLETED WE	-11 45 ft B	ore Hole Diameter	11 in to	ft and	in to f
Well Water to be used as:	5 Public water s		8 Air conditioning	11 Injection well	
1 Domestic 3 Feedlot	6 Oil field water	• • •	9 Dewatering	12 Other (Specif	iv below)
2 Irrigation 4 Industrial	7 Lawn and gar		10 Observation well	• •	•
Well's static water level	15 # below land			month 18	80
·	: Well water was	t after		hours pumping	ay year
	n: Well water was	ft. after		hours pumping	gpm
4 TYPE OF BLANK CASING U		5 Wrought iron		Casing Joints: Glue	
	MP (SR)	6 Asbestos-Cement			· ·
2 PVC 4 AI					ed
Blank casing dia 5		7 Fiberglass	in to		aded
Casing height above land surface		iri., weignt			
TYPE OF SCREEN OR PERFOR		e elleredere	7 PVC	10 Asbestos-ceme	
	ainless steel	5 Fiberglass	8 RMP (SR)		
	alvanized steel	6 Concrete tile	9 ABS	12 None used (op	
Screen or Perforation Openings			ed wrapped	8 Saw cut . 06	11 None (open hole)
1 Continuous slot	3 Mill slot	6 Wire wrapped		9 Drilled holes	
	4 Key punched	7 Torch		10 Other (specify)	
				ft., Dia	
Screen-Perforated Intervals: F	rom				
F	rom	ft. to			
Gravel Pack Intervals: F	rom. , / 🍎				
F	rom	ft. to	ft., From	ft. to	
5 GROUT MATERIAL: 1		2 Cement grout		4 Other	
Grouted Intervals: From		ft., From	ft. to	ft., From	ft. to
What is the nearest source of po	ssible contamination:	Criston not	Installed 10 Fue	Lstorage Time 14 A	bandoned water well
1 Septic tank 4	Cess pool Septic	System not ago	Installed at one	tilizer storage 15 C	il well/Gas well
2 Sewer lines 5	Seepage pit	8 Feed yard	12 Inse	ecticide storage 16 O	ther (specify below)
3 Lateral lines 6	Pit privy	9 Livestock pe	ns 13 Waf	tertight sewer lines	
Direction from well	How	many feet	Wate	er Well Disinfected? Yes X	No
Direction from Well		artment? Ves		No. X	: If ves. date sample
Was a chemical/bacteriological sa	ample submitted to Dep	artment? res			
Was a chemical/bacteriological sa		day	year: Pump Instal	led? Yes	No X
Was a chemical/bacteriological sewas submitted	month	day	year: Pump Instal	led? Yes	No X
Was a chemical/bacteriological sowas submitted	month	day	year: Pump Instal Model No	led? Yes	No X
Was a chemical/bacteriological sowas submitted	monthne	day	year: Pump Instal Model No Pumps Capacity rated a 3 Jet 4 Cei	lled? YesHPatHPat	No X
Was a chemical/bacteriological sowas submitted	month	dayft. Turbine ON: This water well w	year: Pump Instal Model No Pumps Capacity rated a 3 Jet 4 Cer vas (1) constructed, (2) re	led? Yes	No
Was a chemical/bacteriological sowas submitted	month month me month submersible 2 WNER'S CERTIFICATION C	dayft. Turbine ON: This water well w	year: Pump Instal Model No Pumps Capacity rated a 3 Jet 4 Cer vas (1) constructed, (2) re	led? YesHPat	No X gal./min g 6 Other der my jurisdiction and was 8.0 yea
Was a chemical/bacteriological sowas submitted	month month me month submersible 2 WNER'S CERTIFICATION C	dayft. Turbine ON: This water well w	year: Pump Instal Model No Pumps Capacity rated a 3 Jet 4 Cer vas (1) constructed, (2) re	led? YesHPat	No X gal./min g 6 Other der my jurisdiction and was 8.0 yea
Was a chemical/bacteriological sowas submitted If Yes: Pump Manufacturer's name Depth of Pump Intake Type of pump: 1 S CONTRACTOR'S OR LANDOC completed on	month	tt. Turbine ON: This water well water month	year: Pump Instal Model No Pumps Capacity rated a 3 Jet 4 Cer vas (1) constructed, (2) re	led? Yes	No X gal./min g 6 Other der my jurisdiction and was 8.0 yea
Was a chemical/bacteriological sowas submitted	month submersible 2 WNER'S CERTIFICATI t of my knowledge and npleted on Pump Service	tt. Turbine ON: This water well water month	Model No	led? Yes	No X gal./min g 6 Other der my jurisdiction and was 8.0 yea
Was a chemical/bacteriological so was submitted If Yes: Pump Manufacturer's name of Harp Well & COATION WITH AN "X" IN SECTION	month submersible 2 WNER'S CERTIFICATI t of my knowledge and npleted on Pump Service	day	Model No	led? Yes	No X gal./min g 6 Other der my jurisdiction and was 23.6 year under the busines
Was a chemical/bacteriological sowas submitted If Yes: Pump Manufacturer's name Depth of Pump Intake Type of pump: 1 Selection 1 Selection 1 Selection 2 Selecti	month submersible 2 WNNER'S CERTIFICATI t of my knowledge and neleted on Pump Service FROM TO 0 3	day ft. Turbine ON: This water well w month belief. Kansas Water V // m in Inc. LITHOLOG Topsoil	Model No	led? Yes	No X gal./min g 6 Other der my jurisdiction and was 23.6 year under the busines
Was a chemical/bacteriological so was submitted If Yes: Pump Manufacturer's name of Harp Well & COATION WITH AN "X" IN SECTION	month submersible 2 WNNER'S CERTIFICATION t of my knowledge and expleted on Pump Service FROM TO 0 3 10	day ft. Turbine ON: This water well w month belief. Kansas Water V Inc. LITHOLOG Topsoil	Model No	led? Yes	No X gal./min g 6 Other der my jurisdiction and was 23.6 year under the busines
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Was a chemical/bacteriological sawas submitted If Yes: Pump Manufacturer's name of Harp Well & COATION WITH AN "X" IN SECTION BOX:	month	Turbine ON: This water well water well water wat	Model No. Pumps Capacity rated a 3 Jet 4 Cervas (1) constructed, (2) reconstructed, (2) reconstructed, (2) reconstructed, (3) reconstructed, (4) reconstructed, (5) reconstructed, (6)	Iled? Yes	No X

retain one for your records.