| WATE | DWF | LL RECORD | Form W | WC-5 | Б | vision of Wate | r Resources App. No | | |
|---|---|---------------------------------|-------------------------|-----------------|-----------|---|------------------------|-----------------------------|--|
| | | OF WATER WELL: | Fraction | 110-5 | | on Number | | Range Number | |
| | nty: Sec | | SW 1/4 NE 1/4 SV | V 1/4 1/4 | ÷ . | 21 | T 27 S | | |
| | | Address of Well Location; i | | | | Global Positioning System (GPS) information: | | | |
| from nearest town or intersection: If at owner's address, check here | | | | | | Latitude: (in decimal degrees) | | | |
| | 500 East Waterman Street | | | | | Longitude: (in decimal degrees) | | | |
| Wichita, Kansas 67202 | | | | | Eleva | Elevation: | | | |
| | | | | | - Datur | Datum: WGS 84, NAD 83, NAD 27 | | | |
| 2 WATER WELL OWNER: City of Wichita RR#, Street Address, Box #: 1900 E. 9th | | | | | | Collection Method: | | | |
| | | | | | | | | | |
| City, State, ZIP Code : Wichita, Kansas 67214 | | | | | | Digital Map/Photo, Topographic Map, Land Survey Est. Accuracy: <a>3 m, 3-5 m, 5-15 m, >15 m | | | |
| 3 LOCATE WELL | | | | | | | | | |
| WITH AN "X" IN 4 DEPTH OF COMPLETED WELL 22.5 | | | | | | | | | |
| SEC | SECTION BOX: Depth(s) Groundwater Encountered (1).15,00 ft. (2)ft. (3)ft. (3)ft. (3)ft. | | | | | | | | |
| | A COLO S STATIC WATCH COLO COLO MAN SUTTICE ON MEASURED ON MORALLY STATICATION | | | | | | | | |
| Pump test data: Well water wasft. after hours pumping | | | | | | | | | |
| | | | | | | | | | |
| W ELL WATER TO BE USED AS: Public water supply Geothermal Injection well | | | | | | | | | |
| | | | | | | | | | |
| sw se Domestic Feedlot Doil field water supply Dewatering Other (Specify below) | | | | | | | | | |
| | Was a chemical/bacteriological sample submitted to Department? Ves V No | | | | | | | | |
| S If yes, mo/day/yr sample was submitted | | | | | | | | | |
| Water well disinfected? Ves 🛛 No | | | | | | | | | |
| 5 TYPE OF CASING USED: Steel PVC Other | | | | | | | | | |
| CASING JOINTS: Glued Clamped Welded Threaded | | | | | | | | | |
| Casing diameter .1. in. to .12.5 ft., Diameter in. to ft., Diameter ft. | | | | | | | | | |
| Casing height above land surface. 0 | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | | |
| Steel Image: Constraint of the state | | | | | | | | | |
| | | | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | | | | | |
| Louvered shutter Key punched Wire wrapped Saw cut Other (specify) | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From | | | | | | | | | |
| From | | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | | |
| From | | | | | | | | | |
| 6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | | |
| Grout In | | | | 1 | 11. 10 | п., | rrom | . n. ton. | |
| What is the nearest source of possible contamination: | | | | | | | | | |
| | Septe tank Enterna mes Propriy Envision pris Insecticity storage Other (specify selow) | | | | | | | | |
| | Watertig | ht sewer lines 🔲 Scepage pi | I Feedyard | Fertilizer st | orage | Oil well/ga | | | |
| | | m well | | | from we | | | | |
| FROM | | LITHOLOG | IC LOG | FROM | то | LITHO. LO | OG (cont.) or PLU | GGING INTERVALS | |
| 0 | 10 | Clay | | . | / | | | | |
| 10 | 20 | Sand | | | | · · · · · · · · · · · · · · · · · · · | | | |
| | | : | | <u>↓</u> | | | | | |
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| | | | | | | | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was 🖉 constructed, 🗌 reconstructed, or 🗌 plugged | | | | | | | | | |
| under my jurisdiction and was completed on (mo/day/year) .6/30/09 and this record is true to the best of my knowledge and belief. | | | | | | | | | |
| Kansas Water Well Contractor's License No. 709 This Water Well Record was completed of (mo/day/year) 2. 8. 2010 | | | | | | | | | |
| under the business name of 122105 EAKICOAMAATAL LIVICAS by (signature). Inderse Laly. | | | | | | | | | |
| INSTRUCTIONS: Use typewriter or ball point pon. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks and check the correct hswers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson SL, Suite 420, Topeka, Kansas 66612-1367. | | | | | | | | | |
| Justite bh | nink) t | o Kansas Department of Health a | and Environment, Bureau | of Water, Geold | gy Sectio | n, 1000 SW Jac | kson St., Suite 420, 1 | l'opeka, Kansas 66612-1367. | |
| Telephone 785-296-5522. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html. | | | | | | | | | |
| KSA 82a | | www.uctiven/undex.indin. | | | Ch | eck: Wh | ite Copy, 🔲 Blu | ie Copy, 🔲 Pink Copy | |