WATER WELL I			WWC-5		vision of Water				
Original Record			e in Well Use		sources App. No.		Well ID		
1 LOCATION OF WATER WELL:			Fraction						
County: Sedgwick			SE 1/4 NW 1/4 NW 1/4						
					treet or Rural Address where well is located (if unknown, distance and				
Business: KDHE-BER Address: 1000 SW Jackson, Suite 410					tirection from nearest town or intersection): If at owner's address, check here:				
Address: 1000 SVV Jackson, Suite 410					lcDonald's				
City: Topeka		State: KS	ZIP: 66612	1630 Sout	630 South Hillside Street, Wichita, KS 67211				
3 LOCATE WELL	4 DEPTH	OF COM	PLETED WELL:		34 ft. 5 Latitude:(decimal degrees)				
WITH "X" IN			Encountered: 1)						
SECTION BOX:	SECTION BOX: N/A e 3) N/A e or 4) 🗆 T								
N			TER LEVEL:						
*	below land surface, measured on (mo-day-yr).				GPS (unit make/model:)				
NWNE	above 1	and surface,	measured on (mo-day	-yr)	(
	Pump test d	ata: Well w	vater was N/A	ft.	Land Survey Topographic Map				
W	аптег	afterN/Ahours pumping N/Agpm Well water wasN/Aft.				Online Mapper:			
SW SE	after N	after N/A hours pumping N/A gpm							
	1 D-4144 N	E-4:4-4-V:-14. N/A				6 Elevation:ft. Ground Level TOC			
S	Bore Hole I	Bore Hole Diameter:8.25 in. to\$.7 ft. and				Source: Land Survey GPS Topographic Map			
1 mile N/A in. toN/A ft Under									
7 WELL WATER TO BE USED AS:									
1. Domestic: 5. Public Water Supply: well ID									
☐ Household 6. ☐ Dewatering: how many wells?									
☐ Lawn & Garden ☐ Livestock 7. ☐ Aquifer Recharge: well ID					Cased Oncased Geotechnical 12. Geothermal: how many bores?				
2. ☐ Irrigation 9. Environmental Remediation: well ID					a) Closed Loop Horizontal Vertical				
3. Feedlot Air Sparge Soil Vapor Extrac					ction 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 CASINO	USED: S	teel PV	C 🗆 Other	CAS	ING JOINTS:	☐ Glued ☐ Clamped	d 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 Wrapped ☐ Saw Cut ☐ None (Open Hole)									
SCREEN-PERFORATED INTERVALS: From 19									
GRAVEL PACK INTERVALS: From .1.7 ft. to .3.4 ft., From N/A ft., From N/A ft., From N/A ft. to N/A ft.									
9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ■ Bentonite ■ Other Concrete 0 to 2-feet									
Grout Intervals: From									
Nearest source of possible contamination:									
□ Septic Tank □ Lateral Lines □ Pit Privy □ Livestock Pens □ Insecticide 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)									
Direction from well?			Distance from w	/ell?					
10 FROM TO	I	LITHOLOG	GIC LOG	FROM			r PLUGGING INTERVALS		
0 1		topso: 1			19	rain, satur	ated		
1 20		voggier		y	1 0				
		1.5	very stiff						
700	some in								
20 22.5			moist, sitty		 				
22.5 29	wegin			Notes:					
22.5 28	SHOO!								
28 34 SAND rediumto Very cooks									
11 CONTRACTOR'S OR LANDOWNED'S CERTIFICATION. This water well was a constructed or any integral									
under my jurisdiction	under my jurisdiction and was completed on (mo-day-year)								
Kansas Water Well Contractor's License No. 759 This Water Well Record-was completed on (mo-day-year) 4/24/2015									
Kansas Water Well Co	ntractor's Lic	ense No.`.?	759 This W	ater Well Re	scora was comp	neted on (mo-day-y	ear) 4/24/2015		
under the business nan	ne of JXXXIII.	√⊨υληιδιώ	nenial.LLCX		XXX 607 Y.	````` ,			
Mail 1 white copy a	ong with a fee of	\$5.00 for eac	nental LLC	nsas Departmer	nt of Health and Er	vironment, Bureau of W	Vater, GWTS Section,		