| WATER WELL RECORD | Form W | WC-5 | D. | ivicion of Water | r Resources App. N | AS-8 | |
|--|----------------------------|--|-------------|---|-----------------------------|---|--|
| 1 LOCATION OF WATER WELL: | Fraction | W C-5 | | | Township No. | Range Number | |
| | | · ¼ ½ | 1 | 8 | | R 1 ZE □W | |
| County: Sedgwick NE 1/4 NE 1/4 NE 1/4 NE 1/4 Street/Rural Address of Well Location; if unknown, distance & direction | | | | | | | |
| | | Global Positioning System (GPS) information: | | | | | |
| from nearest town or intersection: If at owner's address, check here . | | | | Latitude: (in decimal degrees) | | | |
| 21st & Broadway, Wichita, KS | | | | Longitude: (in decimal degrees) | | | |
| | | | | Elevation: | | | |
| 2 WATER WELL OWNED. ALL COLUMN | | | | <u>Datum</u> : ☐ WGS 84, ☐ NAD 83, ☐ NAD 27 | | | |
| 2 WATER WELL OWNER: City Of Wichita | | | | Collection Method: | | | |
| RR#, Street Address, Box #: 455 N. Main StMS 1-13 | | | | GPS unit (Make/Model:) | | | |
| City, State, ZIP Code : Wichita, KS 67202 | | | | ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey | | | |
| Est. Accuracy: | | | | | | | |
| 3 LOCATE WELL | | | | | | | |
| WITH AN "X" IN 4 DEPTH OF COMPLETED WELL 24.0" ft. | | | | | | | |
| SECTION BOX: Depth(s) Groundwater Encountered (1) | | | | | | | |
| N WELL'S STATIC WATER LEVEL. N/A ft. below land surface measured on mo/day/yr | | | | | | | |
| Pump test data: Well water wasft. after hours pumping gpm | | | | | | | |
| EST. YIELD | | | | | | | |
| W Bore Hole Diameter 8 in. to 24.0 ft., and in. to | | | | | | | |
| WELL WATER TO BE USED AS: Public water supply Geothermal Injection well | | | | | | | |
| | | | | | | | |
| SW SE Domestic Feedlot Oil field water supply Dewatering Other (Specify below) | | | | | | | |
| ☐ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☐ Monitoring well Air Sparge | | | | | | | |
| Was a chemical/bacteriological sample submitted to Department? | | | | | | | |
| | no/day/yr sample was su | | | | | | |
| Water well di | sinfected? Yes | No | | | | | |
| 6 TVDE OF CASING LISED. T S | est PVC II | Other | | | | | |
| 5 TYPE OF CASING USED: Steel PVC Other | | | | | | | |
| CASING JOINTS: Glued Clamped Welded Threaded Casing diameter 2.0" in to 22.0 ft., Diameter in to ft., Diameter ft. | | | | | | | |
| Casing diameter .2.U in. to .24 | .U ft., Diameter | in. | to | ft., D | iameter | in. to ft. | |
| Casing height above land surfaceFlu | | t | lbs./ | ft., Wall thic | kness or gauge N | o. Sch. 40 | |
| TYPE OF SCREEN OR PERFORATION | N MATERIAL: | | | | | | |
| Steel Stainless Steel PVC Other (Specify) | | | | | | | |
| Brass Galvanized Steel None used (open hole) | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | | | |
| Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole) | | | | | | | |
| Louvered shutter Key punched Wire wrapped Saw cut Other (specify) | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From 22.0 ft. to 24.0 ft., From ft. to ft. | | | | | | | |
| From | | | | | | | |
| GRAVEL PACK INTERVALS: From 20.0' ft. to 24.0' ft., From ft. to ft. | | | | | | | |
| From | | | | | | | |
| 6 GROUT MATERIAL: Neat cement Cement grout Pentonite Chemical Control Control Control Cement | | | | | | | |
| Grout Intervals: From 0 ft. to 1.0 ft., From 1.0 ft. to 24.0 ft., From ft. to ft. | | | | | | | |
| | | ш | 1t. w | 7 1L., | гюш | . IL W | |
| What is the nearest source of possible co | | | | | | | |
| | lines Pit privy | Livestock | • | Insecticide | - | er (specify below) | |
| Sewer lines Cesspo | = - | Fuel storage | • | Abandoned | | | |
| ☐ Watertight sewer lines ☐ Scepage | | Fertilizer s | | Oil well/ga | | • | |
| Direction from well | | | | | | | |
| FROM TO LITHOLO | OGIC LOG | FROM | TO | LITHO. LO | OG (cont.) or PLU | GGING INTERVALS | |
| | | 0 | 1.0' | Concrete | | | |
| | | 1.0 | 24.0' | Bentonite 3 | 3/8 Chips - Hydra | ated | |
| | | | | PVC Broke | | | |
| | | | - | 1 TO DIONE | , J D.y.a. | | |
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| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION. This protection of the second seco | | | | | | | |
| 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) .01/19/2016 and this record is true to the best of my knewledge and belief. Kansas Water Well Contractor's License No606 This Water Well Record was completed on (mo/day/year) .62/04/2016 | | | | | | | |
| | | | | | | | |
| under the business name ofP.SA.Envi | | | by (s | signature) | | | |
| INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. | | | | | | | |
| (white, blue, pink) to Kansas Department of Hea | th and Environment, Bureau | of Water, Gool | ogy Section | on, 1000 SW Jac | akson St., Suite 420, | Topcka, Kansas 66612-1367. | |
| Telephone 785-296-5522. Send one copy to W | ATER WELL OWNER and | retain one for | YOUR TOOO | ros. Include <u>fee</u> | of \$5.00 for each <u>o</u> | onstructed well. Visit us at | |
| http://www.kdheks.gov/waterwell/index.html. | | | | | | | |
| KSA 82a-1212 | | | C | heck: Wh | ite Copy, 🔲 Bh | ne Copy, 🔲 Pink Copy | |