

SVE2

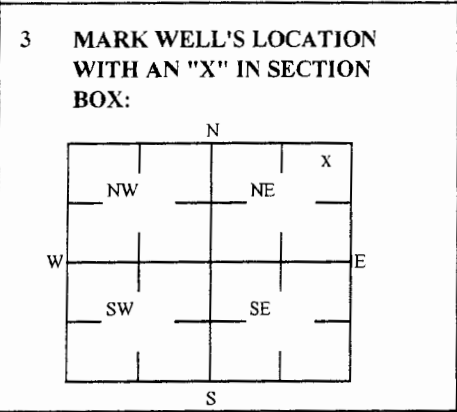
1 LOCATION OF WATER WELL: County: Sedgwick	Fraction ¼ NE ¼ NE ¼ NE ¼	Section Number 8	Township Number T 27 S	Range Number 1 <input checked="" type="checkbox"/> E <input type="checkbox"/> W
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Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here
21st & Broadway, Wichita, KS

Global Positioning Systems (GPS) information:
Latitude: NA (in decimal degrees)
Longitude: NA (in decimal degrees)
Elevation: NA
Horizontal Datum WGS84, NAD83, NAD27
Collection Method:

2 WATER WELL OWNER: City of Wichita
RR#, St. Address, Box #: 455 N. Main St., MS 1-13
City, State ZIP Code: Wichita, KS 67202

GPS unit (Make/model): _____
 Digital Map/Photo, Topographic Map Land Survey
Est. Accuracy: <3 m, 3-5 m, 5-15 m, >15 m



4 DEPTH OF WELL 19.6 **ft.**
WELL'S STATIC WATER LEVEL _____ ft
WELL WAS USED AS:
 Domestic Public Water Supply Dewatering
 Irrigation Oil Field Water Supply Monitoring
 Feedlot Domestic (Lawn & Garden) Injection Well
 Industrial Air Conditioning Other _____
Was a chemical/bacteriological sample submitted to Department? Yes No

5 TYPE OF BLANK CASING USED:
 Steel RMP (SR) Wrought Fiberglass Other (Specific below)
 PVC ABS Asbestos-Cement Concrete Tile
Blank casing diameter 4 in. Was casing pulled? Yes No If yes, how much 3'
Casing height above or below land surface NA in.

6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other Concrete: 0-1'
Grout Plug Intervals: From 1 ft to 19.6 ft, From _____ ft to _____ ft, From _____ ft to _____ ft
What is the nearest source of possible contamination:
 Septic tank Seepage pit Fuel storage Other (specify below)
 Sewer lines Pit privy Fertilizer storage
 Watertight sewer lines Sewage lagoon Insecticide storage
 Lateral lines Feed yard Abandoned water well
 Cess pool Livestock pens Oil well/Gas well
Direction from well? _____
How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	1	Concrete			
1	19.6	Bentonite			

KDHE ID: _____

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 1/10/2017 and this record is true to the best of my knowledge and belief. Kansas Water Contractor's License No. 757. This Water Well Record was completed on (mo/day/year) 2/2/2017 under the business name of Larsen & Associates, Inc. By (signature) _____

Send one white copy to Kansas Department of Health & Environment, Geology Section, 1000 SW Jackson Street, Ste. 420, Topeka, KS 66612-1367. Send one copy to WATER WELL OWNER and retain one for your records
Visit us at <http://www.kdheks.gov/waterwell/index.html> Telephone 785-296-5524.