Corrected

KOLAR Document ID: 1370901

WATER	WELL F	RECORD	Form \	WWC-5		Division o						
				e in Well Use			App. No.		Well ID			
1 LOCATION OF WATER WELL: Fraction						Section Number Township Number Range Number						
County: Sedgwick SW ¼ SE ¼ SW ¼												
2 WELL	2 WELL OWNER: Last Name: SMITH First: LARRY						Street or Rural Address where well is located (if unknown, distance and					
Business:							direction from nearest town or intersection): If at owner's address, check here:					
Address:	Address: 9411 W 9th ST N Address:											
City: WICHITA State: KS ZIP: 67212												
3 LOCAT					00			37 7015	12			
WITH "		4 DEPTH	OF COM	iPLETED WELL: Encountered: 1) . ()	30 30 3			37.7015				
	N BOX:	Depin(s) Cro	unawater i f) 3	3) ft., or	Well	12		de: 97.350				
1	WELL'S STATIC WATER LEVEL:(90					Datum: WGS 84 NAD 83 NAD 27 Source for Latitude/Longitude:						
		☐ below la	below land surface, measured on (mo-day-yr					(unit make/model:				
NW	NE	above la	above land surface, measured on (mo-day-yr					(WAAS enabled?				
VI			Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map					
w ^	I.	after	after hours pumpinggr			Online Mapper:						
SW SE after			Well water was			n				And the second s		
1	Estimated Yi	stimated Yield: 20enm			6 Elevation:!			279ft. 🗷 Ground Level 🗆 TOC				
	S Bore Hole Diame			eter:12 in. to90 ft. an			Source: Land Survey GPS Topographic Ma			pographic Map		
mile			, in, to f			t.						
7 WELL WATER TO BE USED AS:												
1. Domestic				ter Supply: well ID		10. Oil Field Water Supply: lease						
	Household 6. Dewatering: how many wells?							ole: well ID				
	Lawn & Garden 7. Aquifer Recharge: well ID							i Uncased 🗀				
	☐ Livestock 8. ☐ Monitoring: well ID							mal: how many bore				
3. Feedlo						·						
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? TVes CINO												
9 TYPE OF CASING LISED. T Study D DVC TOther CASING IOINTS: D Glund T Clamped T Wolded T Throughed												
Casing diameter												
Casing diameter 5 in to 90 ft. Diameter in to ft. Casing height above land surface 16 in. Weight lbs/ft. Wall thickness or gauge No. 26												
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)												
Conti	nuous Slot	Mill Slot		auze Wrapped ☐ T /ire Wrapped ☐ S	oren Cut L aw Cut [J Drilled J None ((Holes L] Other (Specify)				
SCREEN-I	HEREORAT	TID INTERVA	d S. Fron	70 ft to 90	aw Cut _	m Trough	ff. to	tt. From	ft to	fl.		
SCREEN-PERFORATED INTERVALS: From70												
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other												
Grout Intervals: From 4 ft. to 24 ft. From ft. to ft., From ft. to ft.												
		le contaminatio										
☐ Septic			ateral Line	es Pit Privy		Livest	tock Pens	☐ Insect	icide Storage			
Sewer			Cess Pool	☐ Sewage L. ☐ Feedyard	agoon	☐ Fuel S	Storage izer Storag	☐ Aband	loned Water ell/Gas Well			
	ight Sewer L		eepage Pit	☐ Feedyard		☐ Ferun	izer Storag	ge 🗆 Oil W	ch/Gas well			
Direction fr	om well?			Distance from v	vell?			fi	t.			
10 FROM	TO		THOLOG		FROM		O LI	THO. LOG (cont.)	r PLUGGIN	GINTERVALS		
0	3	TOPSOIL		Water the same of					The state of the s			
3	18	CLAY										
18	29	SANDY CLA	Υ									
29	40	FINE SAND	The state of the s									
40	65	MEDIUM SA	ND	77.2								
65	74	CLAY		and the second of the second o					AND COLUMN TO A STREET OF THE PARTY OF THE P	O Construction Control of the Contro		
74	90	COARSE SAND Notes:										
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year) .8/18/2017 and this record is true to the best of my knowledge and belief.												
Kansas W	urisaiction t iter Well Co	uid was comple ntractor's Lice	eicu on (n ense No - E	611 This W	ater Well I	na mis re Record v	vas comn	rue to the best of th leted on (mo-dav-t	ry knowied (rear) 9/1/2	20 and benef.		
under the h	Kansas Water Well Contractor's License No. 611 This Water Well Record was completed on (mo-day-year) 9/1/2017 under the business name of Chase Drilling											
Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.												
KS Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-3565.												

KSA 82a-1212 Visit us at http://www.kdheks.gov/waterwell/index.html