| | LL RECORD | | WWC-5 | | sion of Water | | WNC-34DK | | |
|--|--|--------------------------------------|---------------|--------------|-------------------|-----------------------------|----------------------|--|--|
| | rd Correction | | e in Well Use | | urces App. No. | | Vell ID | | |
| | OF WATER WE | LL: | Fraction | Sec | tion Number | Township Number | Range Number | | |
| County: Sec | 1/4 SW1/4 SE 1/4 | | | | | | | | |
| 2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and | | | | | | | | | |
| Business: City of Wichita/Environmental Health direction from nearest town or intersection): If at owner's address, check here: | | | | | | | | | |
| Address: 455 N. Main Address: | | | | | | | | | |
| | hita | State: KS | ZIP: 67202 | well local | ed west side | of property | | | |
| 3 LOCATE WE | TI | | <u> </u> | | | | | | |
| | 4 DEPTH OF COMPLETED WELL: | | | | | | | | |
| | Depth(s) Groundwater Encountered: 1) | | | | | | | | |
| N | 2) | | | | | | | | |
| | WELL'S STATIC WATER LEVEL: .1.7.2.2 | | | | | | | | |
| | | | | | | | | | |
| NW NE | Pump test data: Well water was ft. | | | | | Land Survey Topographic Map | | | |
| w + + | | | | | | | | | |
| | Well water was ft. | | | | | | | | |
| after hours pumping | | | | | | | Crownd Lovel D TOC | | |
| | Estimated Yield: | | | | | n: | | | |
| S | | Diameter: | 3.25 in. to | ft. and | | | | | |
| 1 mile Other | | | | | | | | | |
| 7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID | | | | | | | | | |
| 1. Domestic: | | | | | | | | | |
| _ | ☐ Household 6. ☐ Dewatering: how many wells? | | | | | | | | |
| Livestock 8. Monitoring: well ID | | | | | | | | | |
| 2. Irrigation | | | | | | | | | |
| 3. ☐ Feedlot | | ☐ Air Sparge | | | | Loop Surface Discha | | | |
| 4. Industrial | | ☐ Recovery | | | | r (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 CASING USED: ☐ Steel ☐ PVC ☐ Other | | | | | | | | | |
| Casing diameter 1.25 in to 24.5 ft., Diameter in to ft., Diameter in to ft. | | | | | | | | | |
| 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 .26.5 ft. to .41.5 ft., From ft. to ft., From ft. to ft. | | | | | | | | | |
| GRAVEL PACK INTERVALS: From 22.5 ft. to 41.5 ft., From ft. to ft., From ft., From ft. ft. | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other 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? | | | | | | | | | |
| | 07 | LITHOLO | GIC LOG | FROM | TO L | THO. LOG (cont.) or PL | UGGING INTERVALS | | |
| 0 1 | 1,345,21, | | | | | | | | |
| 1 7 | | ay | | | | | | | |
| 7 4 | | 1 | | | | | | | |
| 41 - | shade | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | Notes: L | ithologic log bas | ed on Electrical Conductiv | vity logging data. | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 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) | | | | | | | | | |
| under my jurisdiction and was completed on (mo-day-year) | | | | | | | | | |
| Kansas Water W | vell Contractor's L | icense No. <i>!</i> Ground Surfac | e Inc | ater Well Ke | cora was comp | mo-day-year |) .1.1.4.4.1.5.4.5.4 | | |
| under the business name of Below Ground Surface, Inc. Signature Mail I white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section, | | | | | | | | | |
| 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524. | | | | | | | | | |
| Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015 | | | | | | | | | |