WATER WELL R		WWC-5		sion of Water		VIM-MIP-3		
Original Record		e in Well Use		urces App. No.		Well ID		
1 LOCATION OF W.	ATER WELL:	Fraction	Sect	tion Number	Township Numb			
County: Segwick		NW1/4 NW1/4 SW1/4	NE 1/4	4	T 27 S	R 1 ■E□W		
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and								
Business: City of Wic			lirection from n	rom nearest town or intersection): If at owner's address, check here:				
Address: 1900 F 9th Street								
Address:		2	811 N Ohic	o. Waste Con	nections			
City: Wichita	ZIP: 67214							
1 LOCATE MENT								
	SECTION BOX: Depth(s) Groundwater Encountered: 1)NAft.				Longitude: -97.326137 (decimal degrees)			
N		3) ft., or 4) 🗌						
WELL'S STATIC WATER LEVEL: ft.				Source for Latitude/Longitude:				
	below land surface, measured on (mo-day-yr)							
NW NE	above land surface, measured on (mo-day-yr)			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
1 1 1 1 1	Pump test data: Well water was ft.			☐ Land Survey ☐ Topographic Map				
W E		s pumping g		Online Mapper:				
l cw ce	Well v	vater was ft						
SW SE	after hours	pm	(F)	NA a	-			
	Estimated Yield:gpm			6 Elevation: NA ft. Ground Level TOC				
S	Bore Hole Diameter: 3.25 in. to 10 ft			Source: Land Survey GPS Topographic Map				
mile		in. to	. ft.] Other			
7 WELL WATER TO BE USED AS:								
1. Domestic:		ater Supply: well ID		10. □ Oil Fi	eld Water Supply: In	ease		
Household		ig: how many wells?			e: well ID			
Lawn & Garden	7. ☐ Aquifer Recharge: well ID			☐ Cased ☐ Uncased ☐ Geotechnical				
☐ Livestock	8 Monitorin	11P-3	12. Geothermal: how many bores?					
2. Irrigation	9 Environment		a) Closed Loop Horizontal Vertical					
3. Feedlot	 9. Environmental Remediation: well ID ☐ Air Sparge ☐ Soil Vapor Extraction 			b) Open Loop Surface Discharge Inj. of Water				
4. Industrial	- 1 0		xuacuon					
Was a chemical/bacteriological sample submitted to KDHE? Tyes No If yes, date sample was submitted:								
Water well disinfected?								
8 TYPE OF CASING	USED: ☐ Steel PV	C Other	CASIN	IG JOINTS: I	Glued Clampe	i □ Welded ■ Threaded		
Casing diameter 1 in to 3 ft Diameter in to ft Diameter in to ft								
8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other								
TYPE OF SCREEN OR PERFORATION MATERIAL:								
☐ Steel ☐ Stainless Steel ☐ Fiberglass ■ PVC ☐ Other (Specify)								
			. 4 / 1 1 . 1		specify)	• • • • • • • • • • • • • • • • • • • •		
SCREEN OR PERFORATION OPENINGS ARE:								
☐ Continuous Slot								
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)								
SCREEN-PERFORATED INTERVALS: From .3 ft. to .10 ft., From ft., From ft., From ft. to ft.								
GRAVEL PACK INTERVALS: From								
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?								
10 FROM TO	LITHOLO		FROM			PLUGGING INTERVALS		
	Gravel		1.1.O.IVI		LOG (cont.) 01	. LOGGING INTERVALS		
	· · · · · · · · · · · · · · · · · · ·	ot donce	 					
	Clay, dark brown, moi		 					
	Sand, tan, fine, conso		L					
	Clay, dark brown, soft	moist, petroleum						
	odor							
9.5 10 H	lard gravel pack							
			Notes:			<u> </u>		
Trous.								
11 CONTRACTORIS OR LANDOWNERS CERTIFICATION TO 15 15 15 15 15 15 15 15 15 15 15 15 15								
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, or plugged								
under my jurisdiction and was completed on (mo-day-year) 3-16-2020 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 604								
kansas water Well Con	itractor's License No. 5	riority Socion Ins Wat	er Well Reco	ord was comp	sted on (mo-day-y	ear)		
under the business name	OT MILANCHINE CHAILT.	11011111 OCT XIOS 1110		gnature				
Mail 1 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.								
	_				or your records. Teleph			
Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015								