WATER	WELL I	RECORD	Form '	WWC-5	Ε	oivision of Wate	r	VIM-AS-2	
		Correction		ge in Well Use		esources App. N		Well ID	
		VATER WEI	LL:	Fraction	1	ection Numbe			
	Segwick			SW1/4 SW1/4 NW1/					
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, dista									
Business: City of Wichita direction from nearest town or intersection): If at owner's Address: 1900 E. 9th Street								ier's address, check here:	
Address: 2811 N Ohio. Waste Connections									
City:	Wichita		State: KS	ZIP: 67214					
3 LOCATE WELL 4 DEPTH OF COMPLETED WELL:30 ft. 5 Latitude:37								821 (decimal degrees)	
WITH "X		Depth(s) G	roundwater	Encountered: 1)	VA fi	I ongi	tude -97.32	6175 (decimal degrees)	
SECTION N		2)	ft.	3) ft., or 4)	☐ Dry Well	Horizo	ontal Datum: WGS	84 □ NAD 83 □ NAD 27	
, ,				TER LEVEL:		Source	for Latitude/Longitue		
			below land surface, measured on (mo-day-yr)				`)	
NW	<- NE	above land surface, measured on (mo-day-yr).				i i	(WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map ☐ Online Mapper:		
			Pump test data: Well water was						
W	E	anci	Well water was ft.				niine iviapper:		
SW	SE	after	after hours pumping gp				. NA		
[Estimated V	Estimated Yield:gpm					ft. Ground Level TOC	
S		Bore Hole Diameter: 8.75 in. to30							
1 mile in. to ft.									
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID									
1. Domestic:	old			ater Supply: well ID ng: how many wells?					
							11. Test Hole: well ID		
				echarge: well ID	-AS-2	12. Geoth	12. Geothermal: how many bores?		
2. 🔲 Irrigatio	2. ☐ Irrigation 9. Environmental Remediation: v								
3. ☐ Feedlot					or Extraction b) Open Loop				
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? ☐ Yes ■ No									
8 TYPE OF CASING USED: ☐ Steel ■ PVC ☐ Other									
Casing diameter 2 in to 28 ft., Diameter in to ft., Diameter in to ft., Diameter in to ft. Casing height above land surface 36 in Weight lbs/ft. Wall thickness or gauge No. Sch 40									
Casing height above land surface									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify) ☐ 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 .28 ft. to 30 ft. From ft. to ft. from ft. to ft. to ft.									
GRAVEL PACK INTERVALS: From									
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other. Grout Intervals: From 0 ft. to 26 ft., From ft. to ft.									
Grout Intervals: From Unit to 40 ft., From ft. to ft., From ft., From ft., From ft.									
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 Fruit Storage Oil Well/Gas Well									
Other (Specify)									
Direction from well?									
10 FROM	TO		LITHOLO	GIC LOG	FROM	TO	LITHO. LOG (cont.)	or PLUGGING INTERVALS	
		Gravel							
		Clay, brown							
15	30	Sand, light b	prown, fine	e to coarse, wet			·		
ļ				······································					
Notes:									
11 CONTRACTORIS OR LANDOUNDER OFFICE CONTRACTOR OF THE CONTRACTOR									
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, or plugged under my jurisdiction and was completed on (mo day year) 3-17-2020									
under my jurisdiction and was completed on (mo-day-year) 3-17-2020 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 604 This Water Well Record was completed on (mo-day-year) 5.1.5.1.20									
under the business name of Environmental Priority Service, Inc. Signature K.A.									
Mail 1	white copy a	long with a fee of	\$5.00 for eac	ch constructed well to: Ka	insas Departm	ent 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 7/10/201									