WATER WELL RECORD Form WWC-5						ion of Water			117 <sub>0</sub> 11 II		
Original Record			ge in Well			rces App. No			Well ID	og Number	
1 LOCATION OF			Fraction	1/4SW 1/4	1	on Number	Township 7			ge Number	
County:											
2 WELL OWNER	R: Last Name: WEB	ER	First: Sillas	Street o	eet or Rural Address where well is located (if unknown, distance and						
Business:	D1 D	direction	ection from nearest town or intersection): If at owner's address, check here:								
Address: 3400 E. Penley Dr. Address:											
City: Wichita State: Kansas ZIP: 67218											
3 LOCATE WELL		OF COL	ADT ESTED WELL.	70	70 ft. 5 Latitude: 37.66943					(decimal degrees)	
WITH "X" IN		4 DEPTH OF COMPLETED WELL: 79				Longitude: -97.29673					
SECTION BOX:	Deptn(s) G	Depth(s) Groundwater Encountered: 1)					Horizontal Datum: WGS 84 NAD 83 NAD 27				
N	WELL'S STATIC WATER LEVEL: 30.					Source for Latitude/Longitude:					
	yr)04/04/	22	■ GPS (unit make/model: iPhone)								
NWNE											
\\  \	Pump test data: Well water was ft.					☐ Land Survey ☐ Topographic Map					
w	E after	after hours pumping gpm				☐ Online Mapper:					
×-swse		Well water was ft.									
1 1 1 1		after hours pumping gpm					6 Elevation:ft. ☐ Ground Level ☐ TOC				
S	Estimated Yield:gpm Bore Hole Diameter: 12in. to 7.0 ft. a					Source: Land Survey 🗷 GPS 🗆 Topographic Map					
1 mile	J Bole Hole I		in. to				Other				
7 WELL WATER TO BE USED AS:											
1. Domestic:			ater Supply: well ID			10. □ Oil	Field Water Sup	ply: lease	e		
☐ Household							11. Test Hole: well ID				
Lawn & Garden	■ Lawn & Garden 7. ☐ Aquifer Recharge: well ID					☐ Cased ☐ Uncased ☐ Geotechnical					
☐ Livestock	8. Monitoring: well ID						ermal: how man				
2.  Irrigation	9. Environmental Remediation: well ID					a) Closed Loop    Horizontal    Vertical					
3.  Feedlot	☐ Air Sparge ☐ Soil Vapor Extraction					b) Open Loop Surface Discharge Inj. of Water					
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											
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:											
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 50											
GRAVEL PACK INTERVALS: From 24 ft. to 70 ft., From ft. to ft., From ft. to ft.											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
Grout Intervals: From ft. to ft., From ft. to ft. to ft. to ft.											
Nearest source of possible contamination:											
☐ Septic Tank		Lateral Lir				Livestock Pe		Insecticio			
☐ Sewer Lines		Cess Pool				Fuel Storage		Abandon			
■ Watertight Sewer Lines											
☐ Other (Specify)											
10 FROM TO			OGIC LOG		OM				LUGGD	NG INTERVALS	
0 3	topsoil		70101100	FR	OM	10	21110.200(				
3 50	clay										
50 53	medium sa	and									
53 70	gray shal										
							- H: 4 / 4 / 4 /				
				Not	es:						
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) 9.4/.9.4/.2.9.2. and this record is true to the best of my knowledge and belief.  Kansas Water Well Contractor's License No											
Kansas Water Well	Contractor's Lice	ense No	236 This Wat	er Well R	ecord v	was complet	ed on (mo-day-	year) <b>4/</b> .9	5./2.Q2 <i>2</i>	; 	
under the business	name of	Harp.V	vell and Pump.Se	(Alce	Sig	gnature .9.9	aa S.Harp	CXXI	CWTO	antion	
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.											
							tor your records. I	стерноне			
Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015										U. // XU/4013	