WATER WE				WWC-5				sion of Water						
Original Reco				e in Well Use		· · · · · · · · · · · · · · · · · · ·		rces App. N			Well ID			
1 LOCATION	Fraction			Secti	ion Number	r T	ownship Numb		nge Number					
County: SEDGWICK NE1/4 SW 1/4 SW 1/4														
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and														
Business: RELPH CONSTRUCTION direction from nearest town or intersection): If at owner's address, check										check here:				
Address: 8550 NW PARALLEL RD 15313 E WEEPING WILLOW CIR WICHITA, KS 67230														
1	WANDA		State: KS	ZIP: 67144		WICHII.	A, K	5 6/230						
3 LOCATE WI	DIETED W	A	ft. 5 Latitude:(decimal degrees)											
WITH "X" IN	WITH "X" IN Denth(s) Groundwater End					PLETED WELL:60 ft. ncountered: 1)19 ft.				Longitude:				
l .	SECTION BOX. (2) ft 3) ft or 4) \square							Horizontal Datum: WGS 84 NAD 83 NAD 27						
WELL'S STATIC WATER LEVEL: 15 fi								Source for Latitude/Longitude:						
	measured on (1	mo-day	no-day-yr).11/28/2016 GPS (unit make/model:)					
NW NI	E	above la	above land surface, measured on (mo-day-yr)					(WAAS enabled? ☐ Yes ☐ No)						
•		vater was ft.				☐ Land Survey ☐ Topographic Map								
w		s pumping gpm water was ft.				☐ Online Mapper:								
sw sı														
								6 Elevation:ft. ☐ Ground Level ☐ TOC						
S Bore Hole Dia			iameter:					Source: Land Survey GPS Topographic M						
1 mile ft.								☐ Other						
7 WELL WAT	TER TO E	BE USED A												
1. Domestic:				ter Supply: we	11 ID					Water Supply: 1				
☐ Household	how many wells?				11. Test Hole: well ID									
				echarge: well ID						☐ Uncased ☐				
☐ Livestock 8. ☐ Monitoring: well ID														
	2. ☐ Irrigation 9. Environmental Remediation: well ID 3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Ex							a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water						
3. ☐ Feedlot 4. ☐ Industrial			Air Sparge Recovery			Extraction	l.			ecify):				
1 —				-					· -					
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:														
Water well disir	ntected?	Yes L	NO BY	0.00			A CINI	CIONITO	. = 0	11 □ C1	1 🗆 W-14-	J [] m		
8 TYPE OF C	ASING U	.ern: □ 2	60 = PV	Diameter		C	ASIIN	O JOINTS.	eter U	in to	u ∟ weide	d 🔲 i iireaded		
8 TYPE OF C. Casing diameter. Casing height abo	ove land su	III. 10 rface	12 in	Weight		lli. 10	/ በ	Wall thick	ness or	r gauge No. SDI	R-26	•		
TYPE OF SCRI	EEN OR I	PERFORAT	TION MA	· · · · · · · · · · · · · · · · · · ·			.,	Wall tiller	arebb or	gaage 110				
TYPE OF SCREEN OR PERFORATION MATERIAL: □ Steel □ Fiberglass ■ PVC □ Other (Specify)														
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)														
SCREEN OR P	ERFORA	TION OPE	NINGS A	RE:										
☐ Continuous		Mill Slot		auze Wrapped						ther (Specify)				
☐ Louvered S	Shutter [☐ Key Punch	ned 🔲 W	ire Wrapped		aw Cut		one (Open H	(ole)	_		_		
SCREEN-PERF	FORATEI	O INTERVA	ALS: From	1 .4U ft. to	<u>.</u> עָסָּ. נ	ft., Fr	om	ft. to)	ft., From	ft. to) ft.		
										ft., From				
9 GROUT MA Grout Intervals:	ATERIAL	انم Neat o	ement _	Cement grout	B	entonite	∐Ot	ther						
				ft., From	• • • • • • • • • • • • • • • • • • • •	. n. to		It., From	• • • • • • • • •	II. to	π.			
Nearest source o ☐ Septic Tank			on: Lateral Line	s 🔲 Pit	Privv		П	Livestock Pe	ns	□ Insect:	icide Storage	P		
Sewer Lines		_	Cess Pool		wage La	agoon		Fuel Storage			loned Water			
■ Watertight Sewer Lines														
Other (Specify) Direction from well? EAST Distance from well? 18 ft.														
Direction from we	ell? EAS	<u>I</u>		Distance	from w	/ell? .18								
<u> </u>	ТО		ITHOLOG	GIC LOG		FRO	М	TO	LITHO	O. LOG (cont.) c	r PLUGGIN	IG INTERVALS		
0 1		OP SOIL												
1 18		_AY								-				
18 20		NE SAND				_								
20 60	SH	HALE				-								
						B7 /		1						
						Notes	::							
11 CONTENACTORIS OR LANDOWNIERS CERTIFICATION. This was all to the state of the sta														
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, re														
Kansas Water Well Contractor's License No. 884														
under the publicos hame of Atternity Atternity Atternity at Ham.														
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,														
1				66612-1367. Ma	il one to				ne for y	our records. Telep				
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.kdhcks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015											Revised	1 7/10/2015		