WATER WELL R		WWC-5		sion of Water			
Original Record	Correction    Chan	ge in Well Use	Resou	irces App. No.		Well ID	
1 LOCATION OF W	ATER WELL:	Fraction	Sect	ion Number	Township Numb	er Range Number	
County: Sedgwick	SE 1/4 SE 1/4 NW 1/2	1/4 1/4 3 T 27 S R 2 ■ E □ W					
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and							
Business: Wichita Destination Developers, Inc direction from nearest town or intersection): If at owner's address, check here:							
Address: 1707 N Waterfront Parkway						_	
Address: K96 and Greenwich North Addition							
City: Wichita	State: KS	ZIP: 67206					
3 LOCATE WELL			400! 0				
WITH "X" IN		MPLETED WELL:		100 0 100000000000000000000000000000000		(decimal degrees)	
SECTION BOX:	Depth(s) Groundwate		Longitude:				
N	2) ft.						
[ <del></del>	WELL'S STATIC W.			r Latitude/Longitude			
1 1 1 1 1	below land surface		GPS (unit make/model:)				
NW NE	above land surface, measured on (mo-day-yr)				(WAAS enabled? Yes No)		
					☐ Land Survey ☐ Topographic Map		
W	after hours pumping			Online Mapper:			
SW SE	Well water was ft. afterhours pumpinggpm						
		. gpm	6 Elevatio	6 Elevation:ft. Ground Level TOC			
S	Estimated Yield:gpm Bore Hole Diameter:10"in. to			Source: Land Survey GPS Topographic Map			
mile						oro Clabograpina map	
tt.							
7 WELL WATER TO BE USED AS:							
1. Domestic:		ater Supply: well ID		10. ∐ Oil Fi	eld Water Supply: le	ease	
Household		ing: how many wells?			e: well ID		
Lawn & Garden	_ 1 &			Cased Uncased Geotechnical			
Livestock					12. Geothermal: how many bores?		
2. Irrigation					a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water		
3. Feedlot	☐ Air Spar		Extraction	b) Open	Loop   Surface Di	scharge 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 ■ P	VC  Other	CASIN	G JOINTS:	Glued Clamped	d   Welded   Threaded	
Casing diameter							
Casing height above land surface 12" in Weight 160 lbs/ft. Wall thickness or gauge No.							
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							
Louvered Shutter Key Punched Wire Wrapped Saw Cut None (Open Hole)							
SCREEN-PERFORATED INTERVALS: From .83' ft. to .123' ft., From ft. to ft., From ft. to ft.							
GRAVEL PACK INTERVALS: From 20' ft. to 123' ft., From ft. to ft., From ft. to ft.							
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? ft.							
10 FROM TO	TTUOL	OGIC LOG	FROM			r PLUGGING INTERVALS	
		OGIC LOG	FROM	10 L1	THO. LOG (cont.) of	FLOOGING INTERVALS	
	Top Soil						
	Clay						
	Limestone						
	Gray Shale						
98' 123' 5	Shaley Lime						
			Notes:				
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) 1/5/16 and this record is true to the best of my knowledge and belief							
under my jurisdiction and was completed on (mo-day-year) 1/5/16							
under the business name	e of Reiserer Well D	Prilling	Sig	nature	erry Reis	erer	
Mail 1 white copy alo	ong with a fee of \$5.00 for e	ach constructed well to: Ka	nsas Department	of Health and Any	rironnyent, Bureau of W	ater, GWTS Section,	
under the business name of Reiserer Well Drilling.  Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Javironmont, 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			KSA 82a-121		- '	Revised 7/10/2015	