WATER WELL RECORD Form WWC-5 Division of Water											
Origina	l Record	Correction	☐ Chang	ge in Well Use					Well ID	L.,	
1 LOCATION OF WATER WELL:			Fraction	Section Number			Township Numb		ge Number		
County	y: Sedgwid	k		SE 1/4 SE 1/4 NE 1/4						$\blacksquare$ E $\square$ W	
2 WELL	OWNER:	Last Name:		First:	Street or Rural Address where well is located (if unknown, distance and					distance and	
Business: Premier Landscape direction from nearest town or intersection): If at owner's additional direction from nearest town or intersection and the second direction from nearest town or intersection.									r's address,	check here:	
Address:	12739 S	W Butler Rd			1831 N Split Rail St. Wichita KS, 67230						
City:	Andover		State: KS	ZIP: 67002	100 1 11 Opi	cran ot. v	*1011	10,01200			
3 LOCAT	E WELL										
WITH "				MPLETED WELL:							
SECTIO	ON BOX:			Encountered: 1)	Long	Longitude:					
				3) ft., or 4) [ ATER LEVEL:				Datum: UWGS 8- Latitude/Longitude		83 LI NAD 21	
		1	below land surface, measured on (mo-day-yr)					unit make/model:		)	
NW	NE			e, measured on (mo-day-				WAAS enabled?			
	1 🗸		Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map				
W E after.			fter hours pumping gpi Well water was ft.				Online	e Mapper:			
sw	SE	. 6									
			after hours pumping						. Ground		
S Bore Hole Dian			Diameter:	10" in to 80'	ft. and	Source: Land Survey GPS Topographic Map					
1 1	mile										
7 WELL WATER TO BE USED AS:											
1. Domestic	į.			ater Supply: well ID		10. 🔲 O	il Fie	eld Water Supply: 16	ease		
Household 6. Dewaterin			ng: how many wells?		11. Test Hole: well ID						
			Recharge: well ID			Uncased (					
2. Irrigat			ng: well ID tal Remediation: well II			al: how many bores Loop   Horizont					
3. Feedlo			Air Sparg				Loop Surface Di				
4. Indust			Recovery		Extraction			(specify):			
Was a chemical/bacteriological sample submitted to KDHE?  Yes No If yes, date sample was submitted:											
Water well disinfected? \(\sigma\) \(\neg \) \(\neg \)											
8 TYPE OF CASING USED:   Steel PVC Other CASING IOINTS: Glued Clumped Welded Threaded											
Casing diameter 5" in to ft. Diameter in to ft. Diameter in to ft. Casing height above land surface 12" in Weight 160 lbs/ft. Wall thickness or gauge No.											
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:  ☐ Continuous Slot  Mill Slot  ☐ Gauze Wrapped  ☐ Torch Cut  ☐ Drilled Holes  ☐ Other (Specify)											
☐ 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 .40'ft. to .80'ft., Fromft. ft. toft.											
GRAVEL PACK INTERVALS: From 20' ft. to 80' ft., From ft. to ft., From ft. to ft.											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
Grout Intervals: From											
Nearest sou	rce of possil	ole contaminati	on:								
Septic			Lateral Line			Livestock Pe		<del></del>	cide Storage	100 100	
Sewer	Lines ight Sewer L		Cess Pool	☐ Sewage La ☐ Feedvard		Fuel Storage			oned Water	Well	
Other	(Specify)	illes 📋	Seepage Pit	□ reedyard	LJ	Fertilizer Sto	orage	□ Oil we	ell/Gas Well		
Other (Specify) Direction from well? North Distance from well? 30+											
10 FROM	ТО		ITHOLO	GIC LOG	FROM	TO	LIT	HO. LOG (cont.) or	PLUGGIN	G INTERVALS	
0	3	Top Soil						, , , , , , , , , , , , , , , , , , , ,			
3	12	Clay									
12	45	Limestone									
45	60	Gray Shale									
60	80	Shaley Lime									
						*					
					Notes:						
11 CONTRACTORS OF LANDOWNEDS GERMANON TILL											
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) .6/26/2016 and this record is true to the best of my knowledge and belief.											
Kansas Water Well Contractor's License No. 493 This Water Well Record was completed on (mo-day-year) 12/13/2016											
under the b	usiness nan	ne of Reisere	er Well Dr	rilling	Si:	anature(	Jan	ry Reiserer.			
Mail	I white copy a	long with a fee of	\$5.00 for each	ch constructed well to: Kar	ısas Department	of Health and	Envi	nment, Bureau of W	ater, GWTS S	Section,	
1000	SW Jackson S	St., Suite 420, Top	oeka, Kansas	66612-1367. Mail one to	Water Well Own	er and retain o	one for	r your records. Teleph	none 785-296-	5524.	
Visit us at http	p://www.kdhel	s.gov/waterwell/i	ndex.html		KSA 82a-12	12			Revised	7/10/2015	