WATER	WELL R	ECORD Form \	WWC-5			of Water			\ -		
Origina	Record [Correction	e in Well Use	F	esources	s App. No.		Well ID			
1 LOCATION OF WATER WELL:			Fraction	Section Number			Township Numbe	r Ran	ige Number		
County: Sedgwick			SE 1/4 SW 1/4 NW 1/4						E □ W		
	OWNER: L		First:	Street or Rural Address where well is located (if unknown, distance and							
Business:	Wichita D	estination Developers	s, Inc	direction from nearest town or intersection): If at owner's address, check here: [check here: 🗌		
Address:	1707 N. V	Vaterfront Parkway									
Address:			ı	K96 and Greenwich North Addition							
City: Wichita State: KS ZIP: 67206											
3 LOCAT	E WELL	4 DEPTH OF COM	DIETED WEII.	72' ft. 5 Latitude:					(dacimal dagraes)		
WITH "	X" IN			acountered: 1)			Longitude: (decimal degrees)				
SECTION BOX: 1 22			3) ft., or 4) [,						
1	N .	WELL'S STATIC WA			1		Datum: WGS 84		65 LI NAD 27		
		below land surface					Latitude/Longitude: unit make/model:		1		
NW NE		above land surface					WAAS enabled?				
NW NE		Pump test data: Well water was ft.			Land Survey Topographic Map				10)		
w X	E		after hours pumping gpm			Online Mapper:					
		Well water was ft.									
SW SE		after hours pumping gpm									
		Estimated Yield:gpm Bore Hole Diameter:10"			6	6 Elevation:ft. Ground Level TOC					
S		Bore Hole Diameter:	ft. and	and Source: Land Survey GPS			iPS 🔲 To	opographic Map			
1 t	nile		in. to	ft.	\] Other				
7 WELL WATER TO BE USED AS:											
1. Domestic			nter Supply: well ID	,,	1	0. 🔲 Oil Fie	eld Water Supply: lea	ase			
1				ow many wells?			11. Test Hole: well ID				
			echarge: well ID			☐ Cased ☐ Uncased ☐ Geotechnical					
				: well ID			al: how many bores?				
2. 🔲 Irrigati	ion		al Remediation: well II				Loop Horizontal Vertical				
3. Feedlo		☐ Air Sparge					Loop Surface Dis				
4. 🔲 Industi	rial	☐ Recovery			1	3. 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 timeter 5" is to 1 Disease 1 Casing timeter 5 or 1 Inc. 1 Disease 1 Disease 1 Orange 1 Disease 1 Di											
Casing diameter 5" in to ft., Diameter in to ft., Diameter in to ft. Diameter in to ft. Diameter in to ft. Wall thickness or gauge No.											
TVDE OF SCHEEN OD DEDEOD ATION MATERIAL.											
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)											
SCREEN-PERFORATED INTERVALS: From32'ft. to											
GRAVEL PACK INTERVALS: From											
9 GROUT MATERIAL: Neat cement											
Grout Intervals: From 3' ft. to 20' ft., From ft. to ft.											
Nearest source of possible contamination: Septic Tank											
Sewer											
		☐ Cess Pool		agoon		Storage	☐ Abando				
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well ☐ Other (Specify) ☐ Oil Well/Gas Well											
Direction from well? Distance from well? ft.											
10 FROM	TO	LITHOLO		FROM			THO. LOG (cont.) or	PLUGGIN	GINTERVALS		
0'		Top Soil	GIC EOG	FRON	* -		TIO. LOO (COIII.) OF	LLOGGIN	O INTERVALS		
2'		Clay				-					
				+	-						
40'		Limestone			-						
56'		Gray Shale									
59'	72'	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) .1.2/24/15 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 (pgo-day-year) .1/31/16											
Kansas Wa	iter Well Co	ntractor's License No. 4	193 This W	ater Well	Record	was compl	eted on (mo-day-ve	ar) .1/3.1/.	.16		
under the b	ousiness nam	e of Reiserer Well Dr	tilling		. Signati	ure	rry Reisere	is			
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, 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.											
1000) SW Jackson S	t., Suite 420, Topeka, Kansas	66612-1367. Mail one to								
Visit us at htt	p://www.kdhek	s.gov/waterwell/index.html		KSA 82a	-1212			<u> Kevised</u>	1 7/10/2015		