| | _ | RECORD | | WWC-5 | | vision of Wate | - 1 | | | | |
|---|--|----------------------|--|--|--------------|----------------------------|---|---------------------|------------|--------------|--|
| | | Correction | Chang Use | ge in Well Fraction | | sources App. | | Farrashia Nirash | Well ID | ange Number | |
| 1 LOCATION OF WATER WELL: Use Fraction County: Sedgwick | | | | | | | | | | | |
| 2 WELL OWNER: Last Name: GARCEZ First: Cheri Street or Rural Address where well is located (if unknown, distance and | | | | | | | | | | | |
| Business: Street of Rufal Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: | | | | | | | | | | | |
| Address: 15605 E. Morningside St. Address: | | | | | | | | | | | |
| City: Wichita State: Kansas ZIP: 67230 | | | | | | | | | | | |
| 3 LOCATE WELL | | | | | | | | | | | |
| 1 | WITH "X" IN SECTION BOX: Depth(s) Groundwater Encountered: 1) | | | | | | | | | | |
| i | SECTION BOX: Deptn(s) Groundwater Encountered: 1) | | | | | | Longitude: ¬9715711(decimal degrees) Horizontal Datum: ■ WGS 84 □ NAD 83 □ NAD 27 | | | | |
| 1 | · | WELL'S ST | TATIC WATER LEVEL: 40 | | | | Source for Latitude/Longitude: | | | | |
| | | below la | ■ below land surface, measured on (mo-day-yr) □ above land surface, measured on (mo-day-yr) | | | | ■ GPS (unit make/model: iPhone) | | | | |
| NW | NE | Pump test d | |) | | (WAAS enabled? ☐ Yes ☐ No) | | | | | |
| w | E | nm | | ☐ Land Survey ☐ Topographic Map ☐ Online Mapper: | | | | | | | |
| | Well water was | | | | | | - Onnite Mapper | | | | |
| SW | after hours pumping | | | | | | 6 Elevation:ft. ☐ Ground Level ☐ TOC | | | | |
| | Estimated Yield:gpm S Bore Hole Diameter: 12in, to 85ft, ar | | | | | | Source: ☐ Land Survey ■ GPS ☐ Topographic Map | | | | |
| ł . | 1 mile in. to | | | | | | Other | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | | |
| 1. Domestic: 5. Public Water Supply: well ID | | | | | | | | | | | |
| | ☐ Household 6. ☐ Dewatering: how many wells? | | | | | 11. Test | 11. Test Hole: well ID | | | | |
| | Lawn & Garden 7. Aquifer Recharge: well ID | | | | | | ☐ Cased ☐ Uncased ☐ Geotechnical | | | | |
| | ☐ Livestock 8. ☐ Monitoring: well ID | | | | | | 12. Geothermal: how many bores? | | | | |
| | 3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Extraction | | | | | | b) Open Loop Surface Discharge Inj. of Water | | | | |
| 4. 🗌 Industr | rial | | Recovery | | | | | pecify): | | | |
| 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 5 | | | | | | | | | | | |
| Casing height above land surface12 | | | | | | | | | | | |
| ☐ 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) | | | | | | | | | | | |
| □ Louvered Shutter □ Key Punched □ Wire Wrapped ■ Saw Cut □ None (Open Hole) SCREEN-PERFORATED INTERVALS: From 49 | | | | | | | | | | | |
| GRAVEL PACK INTERVALS: From 24 | | | | | | | | | | | |
| 9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ■ Bentonite ☐ Other | | | | | | | | | | | |
| Grout Intervals: From4 | | | | | | | | | | | |
| Septic | | | ı on: Lateral Lin | es | Г | Livestock P | lanc | ☐ Insection | sida Stora | 92 | |
| Sewer | | | Cess Pool | ☐ Sewage La | | Fuel Storage | | ☐ Abando | | | |
| | ight Sewer L | | Seepage Pi | t Feedyard | |] Fertilizer St | | ☐ Oil We | | | |
| ☐ Other (Specify) Direction from well? South Distance from well? 7.0ftplus ft. | | | | | | | | | | | |
| 10 FROM | TO | | | GIC LOG | | | | | DLUGGI | NG INTERVALS | |
| 0 | 3 | topsoiil | | GIC LOG | FROM | TO | LIII | | reddi | NO INTERVALS | |
| 3 | 10 | clay | *************************************** | | | | | | | | |
| 10 | | brown sha | | | | | | | | | |
| 25 80 | 80 85 | gray shale | e | | | | | | | • | |
| 80 | 85 | limestone | | | | - | | | | | |
| | | | | | Notes | | | | | | |
| | 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) 01/13/2022, and this record is true to the best of my knowledge and belief. | | | | | | | | | | | |
| Kansas Water Well Contractor's License No236 This Water Well Record was completed on (mo-day-year) 1/17/2022 under the business name of | | | | | | | | | | | |
| Mail 1 v | white copy alor | ng with a fee of \$5 | | constructed well to: Kansa | s Department | of Health and F | Environr | nent, Bureau of Wat | er, GWTS | Section, | |
| 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. | | | | | | | | | | | |
| Vicit up at htt | n://www.l-dhe | ks gov/waterwell/ | inday biml | | VSA 920 1 | 212 | | | Dovie | ed 7/10/2015 | |

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