	WELL F		Form WWC-				ion of Water		]	[ ]	
		Correction	Change in We				rces App. No.		Well ID	L	
		ATER WELL:	Use Fraction				on Number	Township Num		nge Number	
County	y:Sedgwic	k	NW 1/4	NW <sup>1</sup> /4 SE		34		T 27 S	R 2	E U W	
		ast Name: BUI	First: E	Bang		or Rural Address where well is located (if unknown, distance and					
Business: direction from nearest town or intersection): I									r's address, o	check here: 💌	
Address: Address:	1813 S.	Bedford St	•								
City: Wichita State: Kansas ZIP: 67207											
3 LOCAT							1				
WITH "			OF COMPLET			ft.		e: 37.66068			
	CTION BOX: Depth(s) Groundwater Encountered: 1) ft.						Longitude:97.,2027.4				
	N	2)	ft. 3)	ft., or 4)	□ Dry We	ell	Horizontal Datum: WGS 84 INAD 83 NAD 27				
WELL'S STATIC WATER LEVEL: 25ft. below land surface, measured on (mo-day-yr)04/14/22							Source for Latitude/Longitude: B GPS (unit make/model: iPhone)				
NW	$ -NW_{-}  - NE_{-} $ above land surface, measured on (mo-day-yr) Pump test data: Well water was ft.						(WAAS enabled?   Yes   No) Land Survey   Topographic Map				
	Tump test data. Wen water was summer in the						Online Mapper:				
w	Well water was ft.										
SW	after hours pumping gpm							-			
	Estimated Yield:gpm						6 Elevation:ft. Ground Level TOC				
	S Bore Hole Diameter: 12 in. to 85				ft. and		Source: 🗌 Land Survey 🗷 GPS 🔲 Topographic Map				
1 mile  in. to ft.								□ Other			
7 WELL WATER TO BE USED AS:											
1. Domestic: 5. 🗆 Public Water Supply: well ID 10. 🗆 Oil Field Water Supply: lease											
	] Household 6. Dewatering: how many wells?						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?				
	Irrigation 9. Environmental Remediation: well ID						a) Closed Loop  Horizontal  Vertical				
3. Feedlot Air Sparge Soil Vapor Extrac							b) Open Loop 🗌 Surface Discharge 📋 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 PVC Other CASING JOINTS: Glued Clamped Welded Threaded											
Casing diameter in. to											
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) □ Louvered Shutter □ Key Punched □ Wire Wrapped ■ Saw Cut □ None (Open Hole)											
Louvered Shutter Key Punched Wire Wrapped Saw Cut None (Open Hole) SCREEN-PERFORATED INTERVALS: From 49 ft. to 85 ft., From ft. to ft. to ft.											
GRAVEL PACK INTERVALS: From 24 ft. to 85 ft., From ft. to ft., From ft. to ft.											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
		ole contaminatio				•••••	11., FIOIII	10			
. Septic			ateral Lines	🗌 Pit Privy	,	Пт	ivestock Pen	s 🗆 Incec	ticide Storag	e	
.       Septic Tank       Insecticide Storage         .       Sewer Lines       Cess Pool       Sewage Lagoon       Fuel Storage       Abandoned Water Well											
■ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fettilizer Storage □ Oil Well/Gas Well											
Direction from well?											
10 FROM	TO	L	THOLOGIC LO	)G	FRC		TO 1	LITHO. LOG (cont.)	or PLUGGI	NG INTERVALS	
0	3	topsoil									
3	10	clay				-					
10	42	brown shal	e								
42	78	gray shale									
78	85	limestone									
					Note	es:	l				
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) 94/14/2922. and this record is true to the best of my knowledge and belief.											
Kansas Water Well Contractor's License No. 236 This Water Well Record was completed on (mo-day-year) 4/.1.6/.2.022 under the business name of											
under the	business nar	ne of	Harp.Well and	l Pump Ser	vice	Sig	nature	d S.Harp			
Mail 1	white copy alor	ig with a fee of \$5.0	00 for each construc	ted well to: Ka	insas Depart	ment of	Health and En	vironment, Bureau of W	'ater, GWTS S	ection,	
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.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015											