WATER WELL RECORD Form WWC-5 Division of Water										
	Record			ge in Well Use	Resources App. No. Well ID					
1 LOCATION OF WATER WELL: Fraction						ion Number	Township Num		nge Number	
	: SEDGWIC			NE¼ SE¼ SW ½		28	T 27 S		2 ■ E □ W	
2 WELL OWNER: Last Name: GONZALEZ First: EGINARDO Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:										
Business: Address: 729 S CHATEAU CIR.										
Address:										
City: WICHITA State: KS ZIP: 67207										
3 LOCATI		4 DEDTE		APLETED WELL:	70 n	5 Lotitue	37.673	44	(decimal degrees)	
WITH "	K" IN				5 Latitude: 37.67344(decimal degrees) Longitude: -97.21319(decimal degrees)					
	SECTION BOX: Depth(s) Groundwater Encountered: 1)						Horizontal Datum: WGS 84 NAD 83 NAD 27			
N		WELL'S S	TATIC WA	Source for Latitude/Longitude:						
	below land surface, measured on (mo-day-yr). 9-13-2023						GPS (unit make/model: I-PHONE			
_ NW	above land surface, measured on (mo-day					(WAAS enabled? ☐ Yes ☐ No)				
				a: Well water was ft.			☐ Land Survey ☐ Topographic Map			
w	E after hours pumpinggpm						Online Mapper:			
SW	Well water was ft.									
1	after hours pumping Stimated Yield:gpm					6 Elevation:ft. ☐ Ground Level ☐ TOC				
	3	Bore Hole	Bore Hole Diameter:			Source: Land Survey GPS Topographic Map				
	S Bore Hole Diameter:						Other			
7 WELL WATER TO BE USED AS:										
1. Domestic: 5. Public Water Supply: well ID										
	☐ Household 6. ☐ Dewatering: how many wells?						11. Test Hole: well ID			
	Lawn & Garden 7. Aquifer Recharge: well ID					☐ Cased ☐ Uncased ☐ Geotechnical				
☐ Livesto	☐ Livestock 8. ☐ Monitoring: well ID						12. Geothermal: how many bores?			
	2. ☐ Irrigation 9. Environmental Remediation: well ID						a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water			
3. ☐ Feedlo							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 5 in. to 70 ft., Diameter in. to ft., Diameter in. to SDR26 Casing height above land surface 12 in. Weight 2.35 lbs./ft. Wall thickness or gauge No. SDR26										
Casing height above land surface										
TYPE OF SCREEN OR PERFORATION MATERIAL: ☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify)										
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify)										
SCREEN OR PERFORATION OPENINGS ARE:										
☐ Continuous Slot										
☐ Louyered 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 .40										
GRAVEL PACK INTERVALS: From24 ft. to/0 ft., From ft. to ft., From ft. to ft.										
9 CROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☐ Bentonite ☐ Other										
Grout Interv	als: From	4 — ft. 1	.o .24	ft., From	ft. to	ft., From	ft. to	ft.		
Nearest sou	rce of possib	le contamina	tion:							
☐ Septic			Lateral Li		_	Livestock Pe		cticide Storag ndoned Wate		
☐ Sewer			Cess Pool			Fuel Storage Fertilizer Sto		Well/Gas We		
Water	ight Sewer L	nes	Seepage P	it					11	
Other (Specify) Direction from well? WEST Distance from well? 50'+ ft.										
10 FROM	TO			OGIC LOG	FROM	ТО	LITHO. LOG (cont.)	or PLUGGI	NG INTERVALS	
0		TOP SOIL	LILION				()			
3		CLAY								
22	36	BROWN SI	HALE							
36	70	GRAY SHA								
30	. 0	01011011		A.						
					Notes:					
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged										
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										
Kansas Water Well Contractor's License No. 236. This Water Well Record was completed on (mo-day-year) 9-15-2023. under the business name of HARP WELL AND PUMP SERVICE, INC. Signature										
under the	business nan	ne of MAKE		NA LAMIL SELVI	Kansas Departmer	ignature	Environment Bureau o	f Water, GWT	S 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.										
		st., Suite 420, 1			KSA 82a-1	212		Revis	ed 7/10/2015	
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