	WELL F			WWC-5		vision of Water				
Origina	l Record	Correction	☐ Chang	ge in Well Use	Res	sources App. No.	<u> </u>	Well ID		
		ATER WEL	L:	Fraction	Se	ection Number	Township Numb		ige Number	
County: Butler NW 1/4 NE 1/4 SW 1/4						¼ 6 T 27 S R 3 ■ E 🗆 W				
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and										
	Nies Hom					direction from nearest town or intersection): If at owner's address, check here:				
Address: 40222 E 21ct Ct N #202										
Address: 10333 E. 21st St N #303 1018 W. Ledgestone St, Andover, KS 67002										
City: Wichita State: KS ZIP: 67206										
3 LOCAT	E WELL	4 DEPTH	OF CON	PLETED WELL:	94' ft. 5 Latitude: (decimal degrees)					
WITH "										
SECTION BOX: Depth(s) Groundwater Encountered: 1)						Longitu	al Datum: WGS 84	4 D NAD	(decimal degrees)	
WELL'S STATIC									83 LI NAD 21	
				, measured on (mo-da			or Latitude/Longitude (unit make/model:		`	
	,			, measured on (mo-day			(WAAS enabled?			
NW	NE		Pump test data: Well water was			1	☐ Land Survey ☐ Topographic Map			
W V	E			s pumping			Online Mapper:			
W X	Well water was							,		
SW	SE	after		s pumping	onm .					
Fstimated Vield			onm	6 Elevation:ft. Ground Level						
S Bore Hole Diameter:			.10" in to 94'	ft. and Source: Land Survey GPS Topogra						
1 r	mile			in. to ft.						
7 WELL WATER TO BE USED AS:										
1. Domestic				ater Supply: well ID		10. ☐ Oil F	ield Water Supply: le	ase		
	☐ Household 6. ☐ Dewatering: ho									
■ Lawn & Garden 7. ☐ Aquifer Recharge: wel							i □ Uncased □ 0			
☐ Livestock 8. ☐ Monitoring: well ID						12. Geothermal: how many bores?				
2. Irrigati	2. Irrigation 9. Environmental Remediation: well ID						a) Closed Loop Horizontal Vertical			
3. Feedlot Air Sparge Soil Vapor Ex						b) Open Loop ☐ Surface Discharge ☐ Inj. of Water				
4. Industr	rial		Recovery				(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 diameter										
Casing height above land surface!4										
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)										
SCREEN-PERFORATED INTERVALS: From .54										
GRAVEL PACK INTERVALS: From										
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Grout Intervals: From										
Nearest source of possible contamination:										
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage										
☐ Sewer			Cess Pool	☐ Sewage I	agoon [Fuel Storage	☐ Abando	oned Water	Well	
	ight Sewer Li		Seepage Pit	☐ Feedyard		Fertilizer Storag	ge □ Oil We	ll/Gas Well		
Other ((Specify)									
Direction from well? South Distance from well? 50'+ ft.										
10 FROM	TO	I	ITHOLO	GIC LOG	FROM	TO LI	THO. LOG (cont.) or	PLUGGIN	G INTERVALS	
0'		Top Soil								
3'		Clay								
10'		Shale				 				
78'		Shaley Lime				1				
·	-	-idioj ciiio								
	 									
						<u> </u>		· · · · · · · · · · · · · · · · · · ·		
					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) .1.1/12/2017 and this record is true to the best of my knowledge and belief.										
under my j	urisdiction a	nd was compl	eted on (n	no-day-year) .1.1/12	120.1 / and	this record is t	rue to the best of m	y knowled	ge and belief.	
Kansas Wa	iter Well Co	ntractor's Lice	ense No	193 This V	vater Well Re	cord was comp	leted on (mo day-y	ear) .91.1.3/.	.ια	
under the b	ousiness nam	e of Keisere	t .vy.eil Di	illing ch constructed well to: K	S	ignature/	MAY 151 KG	otor CWTC	Cantion	
Mail	white copy al	ong with a fee of	35.00 for eac	cn constructed well to: K	ansas Departmen	nt of Health and En	for your records. Tele-1	atti, GW 133	-552 <i>t</i>	
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										