WATER WEL		rm WWC-5	Divi	sion of Water					
		Change in Well Use		urces App. No.		Well ID			
	F WATER WELL:	Fraction				ge Number			
County: Butle		SW ¼ NW ¼ SE ½							
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance							_		
Business: Sharp Homes Address: 2131 Collective Ln, direction from nearest town or intersection): If at owner's address, check has been seen as a sharp Homes.							neck here:		
Address	DONECTIVE LIT,	1507 N Sha	607 N Shadow Rock Dr. Andover KS 67002						
City: Wichita State: KS ZIP: 67206									
3 LOCATE WELI	4 DEPTH OF	COMPLETED WELL:	110' n	5 Lotitud	۵٠	(decimal degrees)		
WITH A IN				· · · · · · · · · · · · · · · · · · ·					
SECTION BOX:	SECTION BOA: 2) ft. 3) ft., or 4)								
WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:					
below land surface, measured on (mo-day-yr above land surface, measured on (mo-day-yr above land surface, measured on (mo-day-yr									
NW NE		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\							
111	Pump test data: Well water was				☐ Land Survey ☐ Topographic Map ☐ Online Mapper:				
W		Well water was ft.			ne Mapper:	• • • • • • • • • • • • • • • • • • • •			
SW K - SE	after hours pumping gpm								
	Estimated Yield: onm			6 Elevation:ft. Ground Level TOC					
S					Source:				
mile in. to ft.									
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID									
I. Domestic: ☐ Household		10. Oil Field Water Supply: lease							
☐ Household 6. ☐ Dewatering: how many wells 7. ☐ Aquifer Recharge: well ID				Test Hole: well ID ☐ Cased ☐ Uncased ☐ Geotechnical					
Livestock		12. Geothermal: how many bores?							
2. Trrigation					a) Closed Loop				
3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Ex 4. ☐ Industrial ☐ Recovery ☐ Injection				b) Open Loop Surface Discharge Inj. of Water					
4. Industrial	☐ Reco		13. Other (specify):						
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ■ No If yes, date sample was submitted:									
Water well disinfec	ted? ☐ Yes ■ No								
8 TYPE OF CASE	NG USED: ☐ Steel I	PVC Other	CASIN	IG JOINTS:	■ Glued □ Clamped	I □ Welded	☐ Threaded		
Casing diameter 5" in. to									
Casing height above land surface! in. Weight! lbs./ft. Wall thickness or gauge No									
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									
SCREEN-PERFOR	ATED INTERVALS:	From .70' ft. to .110'	ft., From	ft. to	ft., From	ft. to .	ft.		
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 Lines									
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well									
☐ Other (Specify)	NIth Ft								
		Distance from w							
10 FROM TO		DLOGIC LOG	FROM	TO LI	THO. LOG (cont.) or	PLUGGING	INTERVALS		
0' 3' 3' 10'	Top Soil								
10' 60'	Clay Limestone								
60' 75'	Gray Shale		+						
75' 110'	Shaley Lime		- 						
75 110	Shaley Lime		+						
			Notes:						
			- 1.00cs.						
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) .9/.10/2018 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 (mo-day-year) .8/.14/2019									
Kansas Water Well Contractor's License No. 493. This Water Well Record was completed on (mo-day-year) 8/14/2019 under the business name of Reiserer Well Drilling. Signature									
under the business	name of Kelserer We	For each constructed II to V	Sig	nature	folly A	HE CWTOO	ection		
Mail I 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.									
	theks.gov/waterwell/index.h	KSA 82a-12		ioi your records. Teleph	Revised	7/10/2015			