	WELL F			WWC-5		ision of Water				
	l Record			ge in Well Use		urces App. No.		Well ID	3.7.1	
1 LOCATION OF WATER WELL: Fraction					Section Number Township Number Range Number					
	y: Butler	<u> </u>		NW 1/4 NW 1/4 SE 1						
	OWNER: I			First:		Street or Rural Address where well is located (if unknown, distance and				
Business: Address:		an Construct			direction from r	from nearest town or intersection): If at owner's address, check here:				
Address:	0/3/ W	Northridge C	ι.		2609 N San	N Sandstone Andover KS 67002				
City:	Wichita		State: KS	ZIP: 67205						
1	E WELL	1 DEDTE	I OF CON	110 ք	5 Latitude:(decimal degrees)					
	WITH "X" IN SECTION POY.  4 DEPTH OF COMPLETED WELL:						đe:			
	SECTION BOX:  N  Depth(s) Groundwater Encountered. 1)						al Datum: WGS 8			
WELL'S STATIC WATER LEVEL: ft.							r Latitude/Longitude		00 - 1112 -	
			below land surface, measured on (mo-day-yr)				GPS (unit make/model:)			
NW	NE		above land surface, measured on (mo-day-yr)				(WAAS enabled? ☐ Yes ☐ No)			
			Pump test data: Well water was				☐ Land Survey ☐ Topographic Map			
W	E after hours pumping						Online Mapper:			
sw	after hours pumping									
		Estimated \	Yield:	gpm	- 8r	6 Elevation:ft. Ground Level TOC				
T.	S	Bore Hole	imated Yield:gpm re Hole Diameter: 10" in to 110			Source: Land Survey GPS Topographic Map				
1 mile  in. to ft.										
7 WELL WATER TO BE USED AS:										
1. Domestic							10.  Oil Field Water Supply: lease			
. =	☐ Household 6. ☐ Dewatering: how many wells?  Lawn & Garden 7. ☐ Aquifer Recharge: well ID									
1 —	Livestock  Adulter Recharge: Well ID						☐ Cased ☐ Uncased ☐ Geotechnical  12. Geothermal: how many bores?			
1 —	2. Irrigation 9. Environmental Remediation: well ID						ed Loop			
	3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Extraction						b) Open Loop  Surface Discharge  Inj. of Water			
4. Industr	rial		Recovery			13. 🔲 Other	(specify):			
Was a chemical/bacteriological sample submitted to KDHE?										
Water well disinfected? ☐ Yes ■ No										
8 TYPE OF CASING USED: ☐ Steel ■ PVC ☐ Other										
Casing diameter 5" in. to 110 ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface 12" in. Weight 160 lbs./ft. Wall thickness or gauge No										
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										
Louvered Shutter										
SCREEN-PERFORATED INTERVALS: From 70 ft. to 110 ft. From ft to ft. From ft.										
GRAVEL PACK INTERVALS: From										
9 GROUT MATERIAL: Neat cement Cement Bentonite Other										
Grout Intervals: From ft. to ft., From ft. to ft., From ft. to ft.										
		le contaminat			_					
□ Septic Tank       □ Lateral Lines       □ Pit Privy       □ Livestock Pens       □ Insecticide Storage         □ Sewer Lines       □ Cess Pool       □ Sewage Lagoon       □ Fuel Storage       □ Abandoned Water Well										
	ight Sewer Li		Cess Pool Seepage Pit	☐ Feedyard		Fuel Storage Fertilizer Storag		oned water ell/Gas Well		
Other (Specify)										
Other (Specify) Direction from well? north Distance from well? 30+										
10 FROM	TO		LITHOLO	GIC LOG	FROM	TO LI	THO. LOG (cont.) o	PLUGGIN	G INTERVALS	
0		top soil								
2		clay								
55		shale								
70		gray shale								
80	110	shaley lime								
	-				Notes:					
11 CONTRACTORIS OR LANDOWNERS GERTSEIGATION TILL II TO I I TO I TO I TO I TO I TO I										
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) 9/17/2015 and this record is true to the best of my knowledge and belief										
under my jurisdiction and was completed on (mo-day-year) .9/17/2015 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) .11/15/19										
under the b	usiness nam	e of Reisen	er Well Dr	rilling	Siş	gnature	rry Reise	rer		
Mail	I white copy al	ong with a fee of	\$5.00 for eac	ch constructed well to: K	ansas Department	of Health and Em	viron <b>m</b> ent, Bureau of W	ater, GWTS	Section,	
1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retail 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										