| WATER WELL R | | WWC-5 | | sion of Water | | | | |
|--|---|--|------------------------------------|---|-------------------------|--|-------|--|
| Original Record | | ge in Well Use | | arces App. No. | | Well ID | | |
| 1 LOCATION OF WATER WELL: Fraction | | | | Section Number Township Number Range Number | | | | |
| County: SEDGWI | | NE 14 NE 14 NE 14 | | 7 | T 28 S | R 1 ■E□ | | |
| 2 WELL OWNER: LA Business: DILLIONS | | First: | Street or Rura direction from n | al Address where well is located (if unknown, distance and earest town or intersection): If at owner's address, check here: | | | | |
| Address: 3211 SOL | ITH CENECA CTDE | ET | 3211 SOUTI | TH SENECA STREET, WICHITA, KS, 67217 | | | | |
| City: WICHITA State: KS ZIP: 67217 | | | | | | | | |
| 3 LOCATE WELL WITH "X" IN | 4 DEPTH OF CO | MPLETED WELL: | 40 ft. | 5 Latitude | : : | (decimal degre | rees) | |
| SECTION BOX: | | Encountered: 1) | | Longitude:(decimal degrees) | | | | |
| N | | 3) ft., or 4) [| | Horizontal Datum: WGS 84 NAD 83 NAD 27 | | | | |
| I TTT N | | ATER LEVEL:1 | | Source for Latitude/Longitude: GPS (unit make/model:) | | | | |
| NTV NTC | above land surface | below land surface, measured on (mo-day-yr) | | | (WAAS enabled? | |) | |
| NW NE | Pump test data: Well water was ft. | | | ☐ Land Survey ☐ Topographic Map | | | | |
| W E | after hours pumping gpm | | | Online Mapper: | | | | |
| SW SE | Well water was ft. | | | | | | | |
| 3K 3E | after hours pumping gpm Estimated Vield: 20 gpm 6 Elevation: | | | | . □ Ground Level □ T | гос | | |
| S | Bore Hole Diameter: | Estimated Yield:20gpm Bore Hole Diameter:10.5 in. to40 ft. and | | | Source: | | | |
| mile | in, to | | | | | | - 1 | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | |
| 1. Domestic: | 5. Public W | ater Supply: well ID | | | | ease | | |
| ☐ Household | Dewater | ng: how many wells? | | 11. Test Hole: well ID | | | | |
| Lawn & Garden | 7. Aquifer Recharge: well ID | | | ☐ Cased ☐ Uncased ☐ Geotechnical | | | | |
| Livestock | 8. Monitoring: well ID | | | Geothermal: how many bores? a) Closed Loop ☐ Horizontal ☐ Vertical Under the second of the second o | | | | |
| 2. ☐ Irrigation 3. ☐ Feedlot | 9. Environmental Remediation: well ID ☐ Air Sparge ☐ Soil Vapor Extraction | | | b) Open Loop Surface Discharge Inj. of Water | | | | |
| 4. Industrial | Recover | | LANGUION | | | | | |
| Was a chemical/bacter | | | Vec No | | | | | |
| Water well disinfected? | | mitted to KDHE: | 165 110 | 11 yes, date s | ampie was suomitu | /U | | |
| | | VC D Other | CASIN | IG IOINTS: | ■ Glued □ Clampe | d □ Welded □ Thread | ded | |
| 8 TYPE OF CASING USED: Steel PVC Other | | | | | | | | |
| Casing diameter 5 in. to 40 ft., Diameter in. to ft., Diameter in. to ft., Diameter in. to ft., Diameter in. to SDR-26 in. Weight in. Weight Wall thickness or gauge No. SDR-26 | | | | | | | | |
| 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-PERFORATED INTERVALS: From .20 ft. to .40 ft., From ft. to ft. to ft. | | | | | | | | |
| GRAVEL PACK INTERVALS: From23 ft. to40 ft., From ft. to ft., From ft. ft. | | | | | | | | |
| 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 | | | | | | | | |
| Septic Tank Sewer Lines | ☐ Lateral Lin | | | Livestock Pens Fuel Storage | | loned Water Well | | |
| Watertight Sewer Li | | | | Fertilizer Stora | | ell/Gas Well | | |
| Other (Specify) | | | | | - | | | |
| Direction from well? . NO | | | | | | | | |
| 10 FROM TO | | OGIC LOG | FROM | TO L | THO. LOG (cont.) o | or PLUGGING INTERVA | ALS | |
| | TOP SOIL CLAY | | | | | | | |
| | | | | | | | | |
| | MED GRAVEL SHALE | | | | | NAME OF THE OWNER OF THE OWNER, | | |
| | OI IALL | | | | | | | |
| | | | - | | | | | |
| | | | Notes: | | | | | |
| 110603 | | | | | | | | |
| | | | | | | | | |
| 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) .5/20/2018 and this record is true to the best of my knowledge and belief. | | | | | | | | |
| under my jurisdiction a | nd was completed on (| mo-day-year) .5/20/2 | (U1.8 and | this record is | true to the best of n | ny knowledge and beli- | ief. | |
| Kansas Water Well Co | ntractor's License No. | OPAThis W | ater Well Rec | ord was comp | neted on (mo-day-) | /ear) OLLLIZUIO | •••• | |
| under the business nam Mail 1 white copy al | ong with a fee of \$5.00 for a | ach constructed well to: K | ansas Department | of Health and Er | vironment, Bureau of V | Vater, GWTS Section, | •••• | |
| 1000 SW Jackson S | St., Suite 420, Topeka, Kans | as 66612-1367. Mail one to | Water Well Own | ner and retain one | for your records. Telep | phone 785-296-5524. | | |
| Visit us at http://www.kdhek | | | KSA 82a-12 | | | Revised 7/10/2015 | 5 | |