	ELL RECORD		WWC-5		ivision of Water		527AR	
Original Record Correction Chan 1 LOCATION OF WATER WELL:			e in Well Use				well ID er Range Number	
1 LOCATION OF WATER WELL: Fraction County: Sedgwick				1	4 T 28 S R 1 \blacksquare E \square W			
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and								
Business: Cit	y of Wichita		- 1.01		rection from nearest town or intersection): If at owner's address, check here:			
Address: 45	5 N Main			Near the S	South Broadway bridge on north side of bike path			
	chita	State: KS	ZIP: 67202			-,g		
3 LOCATE WELL 4 DEPTH OF COMPLETED WELL: 30.6 ft. 5 Latitude: 37.645146 (decimal deg								
Donth(s) Groundwater			Encountered: 1)9	.42 ft.	Longit	Longitude: -97.335016 (decimal degrees)		
SECTION B	2)	2) ft. 3) ft., or 4) [Dry Well Horizontal Datum: ■ WGS 84 □ NAD 83 □ NAD 27			
		WELL'S STATIC WATER LEVEL:			Source for Earliage, Longitude.			
	below D above	☐ below land surface, measured on (mo-day ☐ above land surface, measured on (mo-day				■ GPS (unit make/model:		
× NW N		Pump test data: Well water was						
w	E after	after hours pumping				☐ Online Mapper:		
sws	E after	Well water was						
	Estimated	Estimated Yield: onm			6 Elevati	6 Elevation: NA		
S	Bore Hole	Bore Hole Diameter:3.45 in. to30.0			Source:			
1 mile in. to ft.								
7 WELL WATER TO BE USED AS: 1. Domestic: 5. ☐ Public Water Supply: well ID								
☐ Household 6. ☐ Dewatering: how many w				•••••	11. Test Hole: well ID			
□ Lawn & Garden 7. □ Aquifer Recharge: well II □ Livestock 8. ■ Monitoring: well ID				7 4 R	AR 12 Cased Uncased Geotechnical			
☐ Livestock 8. Monitoring: well ID								
3. Feedlot Air Sparge Soil Vapor					b) Open Loop Surface Discharge Inj. of Water			
4. Industrial	[Recovery	☐ Injection		13. 🔲 Oth	er (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								
Casing height above land surface								
TYPE OF SCREEN OR PERFORATION MATERIAL:								
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify) ☐ 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 20.6 ft. to 30.6 ft., From ft. to ft., From ft. to ft., From ft. to ft. GRAVEL PACK INTERVALS: From 18.6 ft. to 30.6 ft., From ft. to ft., From ft. to ft.								
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Grout Intervals: From								
Nearest source of Septic Tank	of possible contaminat		n Dia Daire.	-	7 I :		-: 1- 04	
□ Septic Tank □ Lateral Lines □ Pit Privy □ Livestock Pens □ Insecticide Storage □ Sewer Lines □ Cess Pool □ Sewage Lagoon □ Fuel Storage □ Abandoned Water Well								
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well								
☐ Other (Specify) Direction from well? Distance from well? ft.								
	TO	LITHOLOG	GIC LOG	FROM			r PLUGGING INTERVALS	
0 4			, firm, damp					
4 9	Silty Clay, b	rown, firm	, moist					
9 30.0			dium grained,					
	moist to wet					Market and a second of the lawy to the second of the secon		
				Notes:		***************************************		
11 CONTRACTORIS OR LANDOWNERS GERMANICATION WILL IN THE STATE OF THE S								
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) .1.1-26-2019 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 604 This Water Well Record was completed on (mo-day-year)								
Kansas Water V	Well Contractor's Lie	ense No. 6	This W	ater Well R	ecord was com	pleted on (mo-day-y	ear)!2.1.2.4.1.9	
under the busin	ess name of FIIVIO	omeniai Pi	noniy serxice, inc		signature	$\sim 10^{-10}$		
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.								
Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015								