

**WATER WELL RECORD Form WWC-5**

Original Record  Correction  Change in Well Use

Division of Water Resources App. No.

Well ID

<b>1 LOCATION OF WATER WELL:</b> County: <b>SEDGWICK</b>	Fraction NW ¼ SE ¼ NE ¼ SE ¼	Section Number <b>16</b>	Township Number <b>T 28 S</b>	Range Number <b>R 1 E</b> <input type="checkbox"/> W
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<b>2 WELL OWNER:</b> Last Name: <b>GIL</b> First: <b>ELIO</b> Business: Address: <b>4509 S. GREENWOOD ST</b> Address: City: <b>WICHITA</b> State: <b>KS</b> ZIP: <b>67216</b>	Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: <input checked="" type="checkbox"/>
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**3 LOCATE WELL WITH "X" IN SECTION BOX:**

N

	NW		NE	
--	--	--	--	--
W				E
--	--	--	--	--
	SW		SE	
S				

----- 1 mile -----

**4 DEPTH OF COMPLETED WELL:** ..... **40** ..... ft.

Depth(s) Groundwater Encountered: 1) ..... ft.  
2) ..... ft. 3) ..... ft., or 4)  Dry Well

WELL'S STATIC WATER LEVEL: ..... **14** ..... ft.  
 below land surface, measured on (mo-day-yr) ..... **10-05-22** .....  
 above land surface, measured on (mo-day-yr) .....

Pump test data: Well water was ..... ft.  
after..... hours pumping ..... gpm  
Well water was ..... ft.  
after..... hours pumping ..... gpm

Estimated Yield: ..... gpm  
Bore Hole Diameter: ..... **12** ..... in. to ..... **40** ..... ft. and  
..... in. to ..... ft.

**5 Latitude:** ..... **37.61298** ..... (decimal degrees)  
**Longitude:** ..... **-97.31773** ..... (decimal degrees)  
Horizontal Datum:  WGS 84  NAD 83  NAD 27  
Source for Latitude/Longitude:  
 GPS (unit make/model: **1-PHONE**)  
(WAAS enabled?  Yes  No)  
 Land Survey  Topographic Map  
 Online Mapper: .....

**6 Elevation:** ..... ft.  Ground Level  TOC  
Source:  Land Survey  GPS  Topographic Map  
 Other .....

**7 WELL WATER TO BE USED AS:**

1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock	5. <input type="checkbox"/> Public Water Supply: well ID .....	10. <input type="checkbox"/> Oil Field Water Supply: lease .....
2. <input type="checkbox"/> Irrigation	6. <input type="checkbox"/> Dewatering: how many wells? .....	11. Test Hole: well ID .....
3. <input type="checkbox"/> Feedlot	7. <input type="checkbox"/> Aquifer Recharge: well ID .....	<input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical
4. <input type="checkbox"/> Industrial	8. <input type="checkbox"/> Monitoring: well ID .....	12. Geothermal: how many bores? .....
	9. Environmental Remediation: well ID .....	a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical
	<input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction	b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water
	<input type="checkbox"/> Recovery <input type="checkbox"/> Injection	13. <input type="checkbox"/> Other (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 ..... **5** ..... in. to ..... **40** ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
Casing height above land surface ..... **12** ..... in. Weight ..... **2.35** ..... lbs./ft. Wall thickness or gauge No. **SDR26** .....

**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 **30** ..... ft. to **40** ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**GRAVEL PACK INTERVALS:** From ..... **24** ..... ft. to ..... **40** ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**9 GROUT MATERIAL:**  Neat cement  Cement grout  Bentonite  Other .....

Grout intervals: From ..... **4** ..... ft. to ..... **24** ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**Nearest source of possible contamination:**

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> Lateral Lines	<input type="checkbox"/> Pit Privy	<input type="checkbox"/> Livestock Pens	<input type="checkbox"/> Insecticide Storage
<input type="checkbox"/> Sewer Lines	<input type="checkbox"/> Cess Pool	<input type="checkbox"/> Sewage Lagoon	<input type="checkbox"/> Fuel Storage	<input type="checkbox"/> Abandoned Water Well
<input checked="" type="checkbox"/> Watertight Sewer Lines	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Feedyard	<input type="checkbox"/> Fertilizer Storage	<input type="checkbox"/> Oil Well/Gas Well
<input type="checkbox"/> Other (Specify) .....				

Direction from well? **WEST** ..... Distance from well? **100'** ..... ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	3	TOP SOIL			
3	8	CLAY			
8	20	FINE SAND			
20	38	MEDIUM SAND			
38	40	GRAY SHALE			
<b>Notes:</b>					

**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) **10-05-2022** ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **236** ..... This Water Well Record was completed on (mo-day-year) **2-15-2023** ..... under the business name of **Harp Well and Pump Service, Inc.** ..... Signature **Todd S. Harp** .....



DEPARTMENT OF PUBLIC WORKS & UTILITIES  
ENVIRONMENTAL HEALTH

CITY OF WICHITA PERMIT NUMBER NW 9047

**WATER WELL PERMIT APPLICATION**

INFORMATION TO BE FILLED OUT BY APPLICANT

ADDRESS OF WELL 4509 S. Greenwood St. Wichita, KS 67216

OWNER: Elio L & Mayra O. Gil  
NAME  
E-MAIL  
MAILING ADDRESS  
Same  
PHONE & FAX

DRILLING CONTRACTOR:  
NAME Harp Well & Pump Service Inc  
ADDRESS 215 S. Tyler Rd  
Wichita, KS 67209  
PHONE/FAX/E-MAIL Ph(316) 722-1411 Fax(316) 722-0024  
CITY REG#/STATE LIC# City Reg# 19391 State Lic# 236

LEGAL DESCRIPTION  
LOT 2 BLOCK C ADDITION Hidden Glen Add SF 16 28 1E GRID  
Quarter Section Township Range

GENERAL INFORMATION - CHECK THE APPROPRIATE SPACE:  
Sedgwick County  
BUILDING USE: COMMERCIAL \_\_\_\_\_ RESIDENTIAL  PUBLIC WATER SOURCE AVAILABLE: N/A \_\_\_\_\_ CITY  RWD# \_\_\_\_\_  
PUBLIC WATER USED: YES  NO \_\_\_\_\_ PUBLIC SEWER AVAILABLE: YES  NO \_\_\_\_\_ PUBLIC SEWER USED: YES  NO \_\_\_\_\_  
SURFACE WATER WITHIN 50FT: N/A  POND \_\_\_\_\_ CREEK \_\_\_\_\_ RIVER \_\_\_\_\_ PROPERTY LOCATED IN FLOODPLAIN: YES \_\_\_\_\_ NO   
WELL INFORMATION: PERSONAL USE \_\_\_\_\_ LAWN & GARDEN  OTHER \_\_\_\_\_ WELL TYPE: CASED  DRIVEN \_\_\_\_\_

**IMPORTANT: PROVIDE A SITE PLAN SKETCH ON THE BACK OR ATTACH TO THIS FORM, ILLUSTRATING WELL LOCATION AND LABEL DISTANCES FROM PROPERTY LINES, STRUCTURES, EXISTING WELLS, SEWER LINES, SEPTIC TANK AND LATERALS, ANIMAL PENS, SURFACE WATERS, CHEMICAL STORAGE, AND ANY POTENTIAL SOURCE OF CONTAMINATION WITHIN 50FT OF THE PROPOSED WELL. IF FOR ANY REASON, THE WELL IDENTIFIED IN THIS SITE PLAN SHOULD CHANGE, THE APPLICANT MUST NOTIFY THE CITY OF THE WELL LOCATION ALTERATION AND REVISE THE SITE PLAN PRIOR TO PERMIT AUTHORIZATION.**

APPLICANT'S STATEMENT: I hereby submit this application for a water well and certify the above information to be factual and true. I further certify that if the application is approved, the well will be constructed and operated with the approved plans, the requirements of the Health Officer and with all applicable laws, codes and regulations of the City of Wichita adopted or authorized by ordinance of the City Council and with all applicable laws and regulations of the State of Kansas, and that the Health Officer will be called for inspection upon installation of the well. I authorize the release of this application to any registered Well Contractor listed on this application.

This application approval expires within six months from the date approved by the Health Officer and is not transferable to any owner of the location applied for other than the applicant who signed the applicant's statement.

SIGNATURE OF APPLICANT Todd S Harp DATE 9-30-2022

APPLICATION APPROVED BY ENVIRONMENTAL HEALTH OFFICER June Min DATE 9-30-22

FEES RECEIVED: TYPE X BY PH DATE 9/30/22 AMOUNT 150 RECEIPT# 900352

LOCATION IN IDENTIFIED GW CONTAMINATION AREA: Yes \_\_\_\_\_ No   
INSPECTOR COMMENTS:

RECEIVED  
FEB 22 2023

BUREAU OF WATER

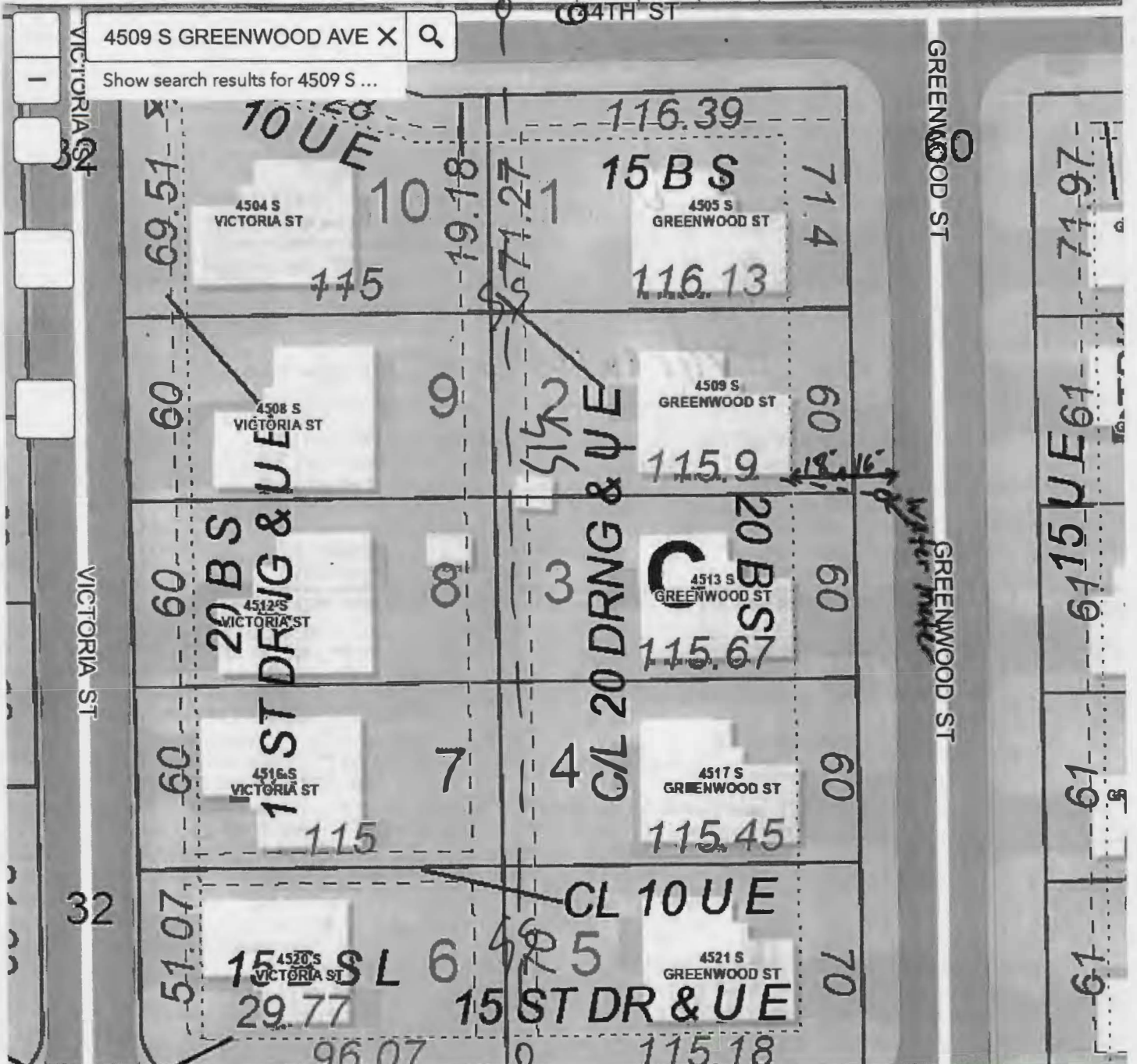
The City of Wichita-Division of Environmental Health hereby releases to the owner, identified on this document, this PERMIT and authorizes the use of the approved water well. THE ISSUANCE OF THIS PERMIT DOES NOT PROVIDE A WARRANTY BY THE HEALTH OFFICER OF SATISFACTORY OPERATION, BUT DOES REQUIRE THE OWNER TO BE RESPONSIBLE FOR PROPER OPERATION AND MAINTENANCE AND, IF NEEDED, MODIFICATIONS OF THE WELL OR OTHER ACTIONS TO ASSURE THE CONTINUOUS SATISFACTORY OPERATION. The owner shall notify the Health Officer at time of listing the property for sale where this well is located; and this well shall be inspected prior to change of ownership of said property.

WELL INSPECTED AND APPROVED BY ENVIRONMENTAL HEALTH OFFICER \_\_\_\_\_ DATE \_\_\_\_\_



4509 S GREENWOOD AVE X

Show search results for 4509 S ...



Geo Code: B 15195  
 4509 S. Greenwood St  
 Wichita, KS 67216  
 Lot 2 Block C  
 Hidden Glen Add  
 S16-T28S-1E  
 NW SE NE SE

Owner: Elio L & Mayra O. Gil

RECEIVED

FEB 22 2023

BUREAU OF WATER

3' to Drive way  
 16' to Curb  
 9' to South Property line  
 5' to Water line  
 18' to house

County: sedgwick

1,654,682.796 1,659,131.607 Feet

37.61298 -97.31773