

WATER WELL RECORD Form WWC-5

Division of Water
Resources App. No.

Well ID

Original Record Correction Change in Well Use

1 LOCATION OF WATER WELL:
County: **SEDGWICK** Fraction NW 1/4 SE 1/4 SE 1/4 NE 1/4 Section Number **33** Township Number **T 28 S** Range Number **R 1 E W**

2 WELL OWNER: Last Name: **HAYWORTH** First: **SCOTT**
Business:
Address: **1513 E. SAND POINTE CT.**
Address:
City: **WICHITA** State: **KS** ZIP: **67216**
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:

3 LOCATE WELL WITH "X" IN SECTION BOX:
N
W E
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: **12** ft.
 below land surface, measured on (mo-day-yr) **10-06-22**
 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: **37.57316** (decimal degrees)
Longitude: **-97.31778** (decimal degrees)
Horizontal Datum: WGS 84 NAD 83 NAD 27
Source for Latitude/Longitude:
 GPS (unit make/model: **I-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: Household Lawn & Garden Livestock
2. Irrigation
3. Feedlot
4. Industrial

5. Public Water Supply: well ID
6. Dewatering: how many wells?
7. Aquifer Recharge: well ID
8. Monitoring: well ID
9. Environmental Remediation: well ID
 Air Sparge Soil Vapor Extraction
 Recovery Injection

10. Oil Field Water Supply: lease
11. Test Hole: well ID
 Cased Uncased Geotechnical
12. Geothermal: how many bores?
a) Closed Loop Horizontal Vertical
b) Open Loop Surface Discharge Inj. of Water
13. 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:
 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? **EAST** Distance from well? **83'** ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	3	TOP SOIL			
3	8	CLAY			
8	22	FINE SAND			
22	35	MEDIUM SAND			
35	40	GRAY SHALE			
Notes:					

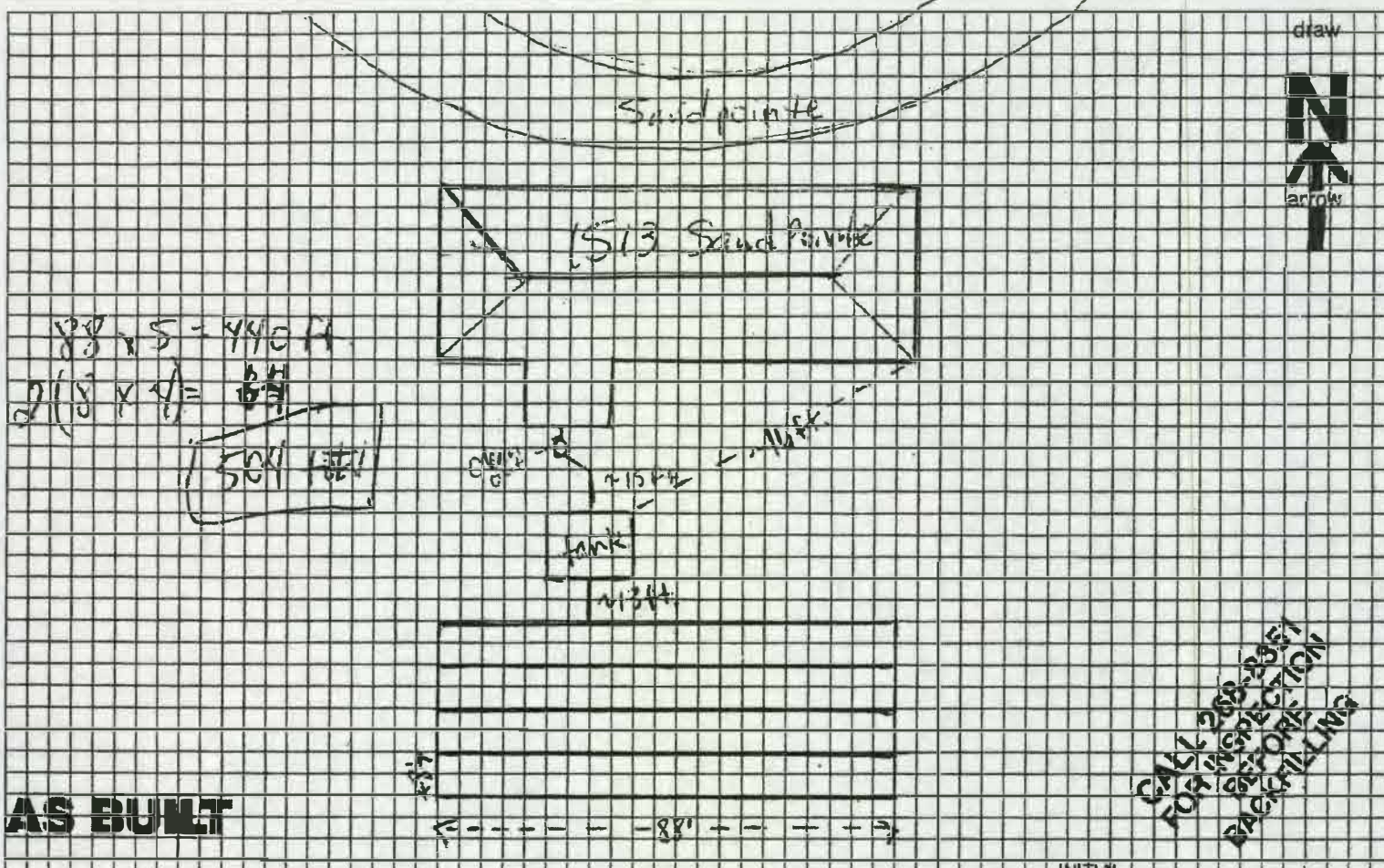
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year) **10-06-2022** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **236** This Water Well Record was completed on (mo-day-year) **2-15-2023** under the business name of **Harr Well and Pump Service, Inc.** Signature **Todd S. Harr**

SKETCH OF SEWAGE FACILITY

Sec. 33 T. 28 R. E
County: Sedgwick

ENVIRONMENTAL HEALTH DIVISION
WICHITA-SEDGWICK CO. DEPT.
OF COMMUNITY HEALTH

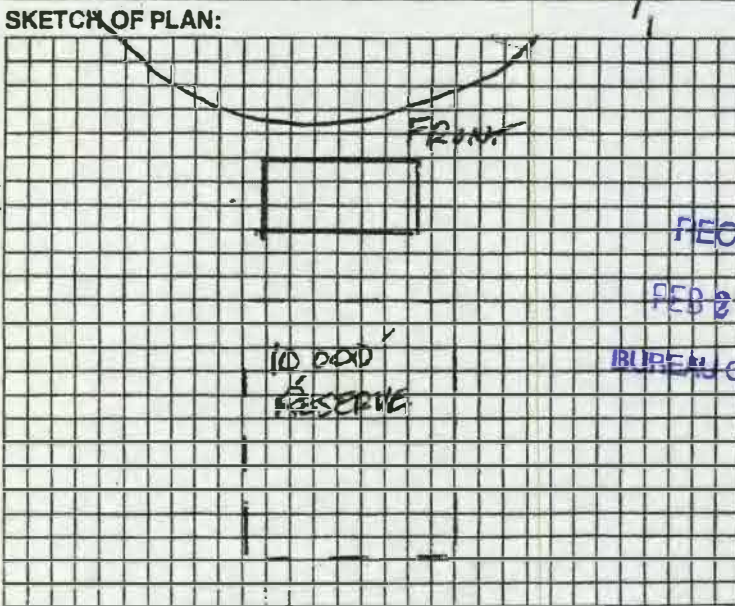
ADDRESS: 1513 SAND POINTE



NOTE: ANY SIGNIFICANT DEVIATION FROM ABOVE PLANS OR HEALTH DEPT STANDARDS MUST BE APPROVED BEFORE CONSTRUCTION.

INSTALLATION EVALUATION TO BE FILLED OUT BY HEALTH OFFICER

TANK:	TOT. LIQUID VOLUME 1000 gallon	BRAND Shallow's Clute	MATERIAL concrete
TEE OR ELBOW INLET AND/OR OUTLET	1 90° w/ vent		
DISTANCE FROM ON SITE WATER WELL			
SEWER:	SDR 35 <input type="checkbox"/> SCH 40 <input checked="" type="checkbox"/> CI <input type="checkbox"/>	note to tank sch 40 lower to head in sink?	
OTHER	504 ft. DISTANCE FROM WELL		
LATERAL FIELD:	TOTAL LENGTH 504 ft.	LEVEL? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
PLASTIC	<input checked="" type="checkbox"/> 3000# <input type="checkbox"/>		
DISTANCE FROM:	ON SITE WELL		NEIGHBORS' WELL
PROPERTY LINES LESS THAN 25 FT.	FRONT	SIDE	REAR / OTHER
TRENCH WIDTH 2 ft.	DEPTH TOP OF PIPE TO GRADE 2-2 1/2'		DISTANCE BTN LINES 8'
TYPE OF FILTER MATERIAL:	ROAD GRAVEL <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/> NA	
DEPTH OF MATERIAL:	12-14"	BENEATH PIPE 6-8"	OVER PIPE 2-4"



RECEIVED
FEB 22 20
BUREAU OF WA

REASON FOR EXISTING SYSTEM ADD-ONS, REMARKS: (9-17-02) lubbar was in the process of installing last 88 ft. lateral line upon inspection - not completed yet - CK

Sec. 33 T. 28 R. 1E

County Sedgwick



DEPARTMENT OF PUBLIC WORKS & UTILITIES
ENVIRONMENTAL HEALTH

CITY OF WICHITA PERMIT NUMBER

NW 92078

WATER WELL PERMIT APPLICATION

INFORMATION TO BE FILLED OUT BY APPLICANT

ADDRESS OF WELL 1513 E. Sand Pointe Ct. Wichita, KS 67216

OWNER:
NAME Scott C. & Laura K. Hayworth
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 16 BLOCK 1 ADDITION Sand Pointe Add NE 37 28 1E GRID _____
Quarter Section Township Range

GENERAL INFORMATION - CHECK THE APPROPRIATE SPACE:

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: CASSED 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 _____

APPLICATION APPROVED BY ENVIRONMENTAL HEALTH OFFICER [Signature] DATE 10-5-22

FEES RECEIVED: TYPE BY PHD DATE 10/5/22 AMOUNT \$150 RECEIPT# 015001

LOCATION IN IDENTIFIED GW CONTAMINATION AREA: Yes No _____

INSPECTOR COMMENTS:

well is in chloride plume, water may be salty.

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 _____

1900 E. Ninth Street - Wichita, Kansas 67214
Telephone (316) 268-8351 - Fax (316) 858-7787
www.wichita.gov

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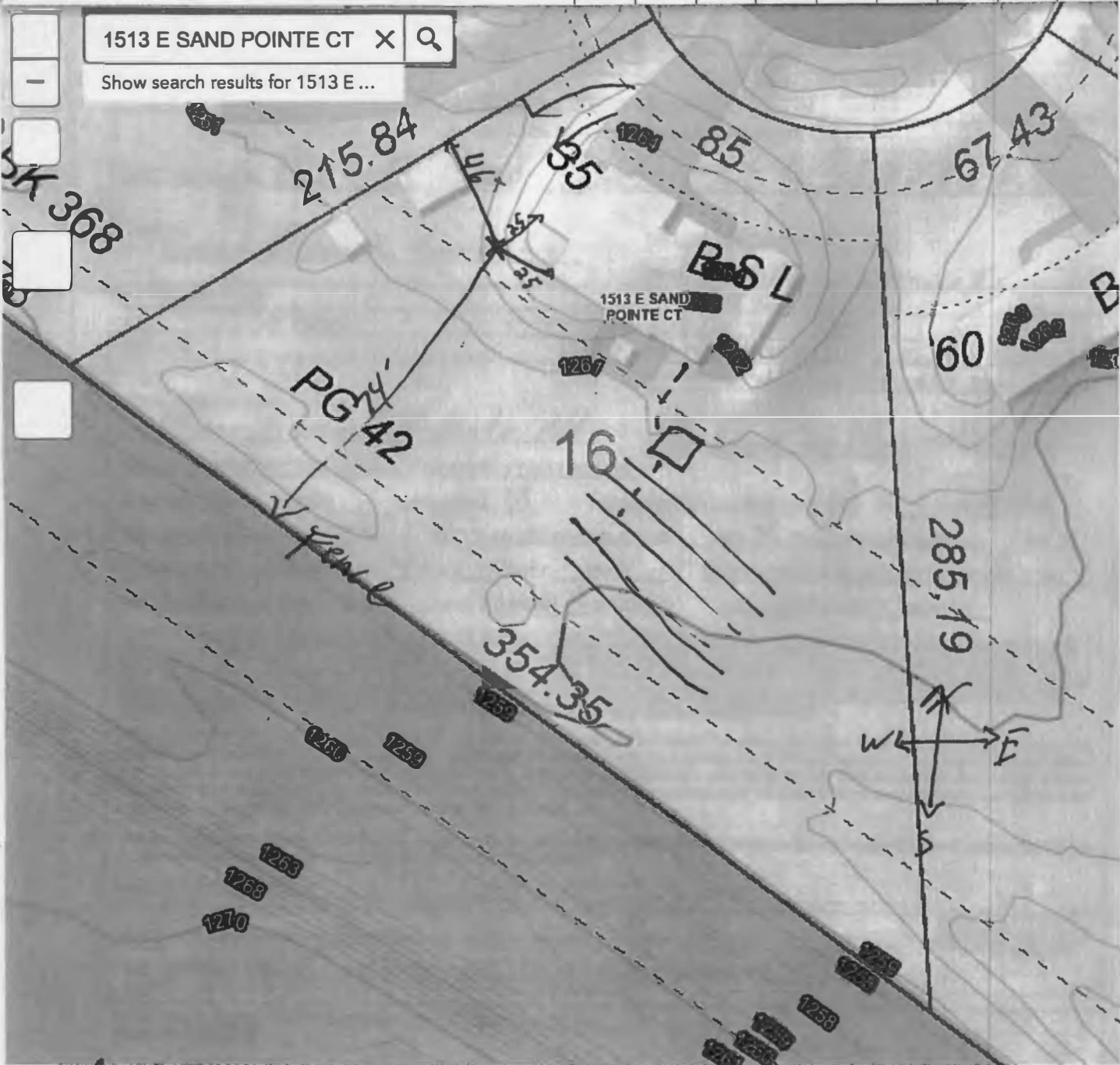
FAXED OCT 05 2022

BUREAU OF WATER



1513 E SAND POINTE CT X Q

Show search results for 1513 E ...



Geo Code: B 14565

1513 E. Sand Pointe Ct

Wichita, KS 67216

Lot 16 Block 1

Sand Pointe Add
533-T 245-1E

NW SE SE NE

60ft

1,655,269.149 1,644,581.510 Feet

37.5736, -97.31778

County:
Sedgewick

Owner: Scott C. & Laura K Hayworth

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25' to house

46' to West property

83' to septic

74' to Fence - South

FEB 22 2023

BUREAU OF WATER