| | WELL R | | WWC-5 | | sion of Water | | | |
|---|--|---|----------------------|--|--|---|-----------------------|--|
| | l Record | | | Reso | urces App. No | | Vell ID | |
| 1 LOCAT | TON OF WA | ATER WELL: Use | Fraction | Sect | ion Number | Township Number | Range Number | |
| County: Sedgwick NW WNE WNE WSE | | | | | 31 T 29 S R 2 ■ E 🗆 W | | | |
| 2 WELL | OWNER: I | ast Name: GILES | | | l Address wh | ere well is located (1f) | ınknown, distance and | |
| Business: direction from nearest town or intersection): If at owner's address, check here: | | | | | | | | |
| Address 702 N. Edgemoor Dr. | | | | | | | | |
| Address. | | | | | | | | |
| City: | Mulvand | State: Kans | as ZIP. 67110 | | | | | |
| 3 LOCAT | | 4 DEPTH OF COM | PLETED WELL: .7 | Ω 4 | 5 T _494_3 | 27 40104 | (1 ! .1.1 | |
| WITH " | | • | | | | | | |
| SECTIO | | | Encountered: 1) | | Longitude: ¬.9.724.9.0.7 | | | |
| 2) | | | | | | | | |
| well static water level: 49 | | | | | Source for Latitude/Longitude: GPS (unit make/model: i.Phone) | | | |
| | 1 | | | | | (WAAS enabled? Yes No) | | |
| NW | NW NE | | | | | | | |
| w | 1 1 1 1 7 | | | | ☐ Caline Mapper: | | | |
| " | ≥ after hours pumping | | | | Chiline tytapper. | | | |
| sw | SWSE after hours pumping | | | | | | | |
| | Estimated Yield:gpm | | | | 6 Elevation:ft. ☐ Ground Level ☐ TOC | | | |
| | S Bore Hole Diameter: 12 in. to 7.9 | | | t. and | Source: Land Survey GPS Topographic Map | | | |
| | 1 mile in. to | | | | ☐ Other | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | |
| 1. Domestic: | | | ater Supply: well ID | | 10 🗆 🕬 | Field Water Sunniv lease | | |
| | Domestic: 5. □ Public Water Supply: well ID □ Household 6. □ Dewatering: how many wells? | | | | | 10. ☐ Oil Field Water Supply: lease | | |
| Lawn | | 7 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | echarge: well ID | ••••• | ☐ Cased ☐ Uncased ☐ Geotechnical | | | |
| ■ Lawn & Garden 7. □ Aquifer Recharge: well ID □ Cased □ Uncased □ Geotech □ Livestock 8. □ Monitoring: well ID 12. Geothermal: how many bores? | | | | | | | | |
| 2. Irrigat | | | | | | | | |
| 3. Feedlo | | | | | | a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water | | |
| 4. Indust | | ☐ Recovery | | Muchon | | er (specify): | | |
| | | | <u> </u> | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? The Yes No If yes, date sample was submitted: | | | | | | | | |
| | | Yes □ No | | | | | | |
| 8 TYPE OF CASING USED: ☐ Steel ■ PVC ☐ Other | | | | | | | | |
| Casing diameter | | | | | | | | |
| Casing height above land surface12 | | | | | | | | |
| 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 48 ft. to 7.9 ft., From ft. to ft., From ft. to ft. | | | | | | | | |
| GRAVEL PACK INTERVALS: From 24 ft. to 79 ft., From ft. to ft., From ft. ft. | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | |
| Grout Intervals: From4 | | | | | | | | |
| 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 | | | | | | | | |
| ☐ Other (Specify) | | | | | | | | |
| Direction from well? North | | | | | | | | |
| 10 FROM | то | LITHOLO | | FROM | | LITHO. LOG (cont.) or PL | LIGGING INTERVALS | |
| | | topsoil | | PRON | 10 1 | patter y a | | |
| <u>0</u> 3 | | clay | | | | 2-1811. | 11/10 | |
| 30 | | sugar sand | | | | | | |
| 42 | | sugar sand medium sand | ····· | | | 1 | 1 | |
| 50 | | | | | | | | |
| 30 | 1,0 | gray shale | | ļ | | <i>e</i> . | | |
| | | | | | | ţ * | ų . | |
| | <u> </u> | | | 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) 11/03/2021 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) 11/5/2021 | | | | | | | | |
| under the business name of Harp Well and Pump Service Signature Sadd S. Harp | | | | | | | | |
| 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/mdex.html KSA 82a-1212 Revised 7/10/2015 | | | | | | | | |