WATER W				WWC-5			vision of Wat			1		
Original Re				e in Well Use	······································		sources App. 1			Well ID		
1 LOCATION OF WATER WELL: Fraction						Section Number Township Number Range Number						
County: SEDGWICK SE 1/4 SW 1/4 SE 1/4 2 WELL OWNER: Last Name: MARTIN First: KARA							6 T 26 S R 1 □ E ■ W					
l .	١		reet or Rural Address where well is located (if unknown, distance and									
Business:	21 N TENP	OINT				direction from	rection from nearest town or intersection): If at owner's address, check here:					
Address: 50	ZINIENE	Olivi										
City: A	NDALE		State: KS	ZIP: 67001								
3 LOCATE W	: /1	ПЕРТН	OF COM	IPI ETEN W	VELL.	75	A S Latit	ahut			(decimal degrees)	
I .	WIIII A IN				OF COMPLETED WELL:75 oundwater Encountered: 1)28ft.			Longitude:				
	2) ft. 3) ft., or 4)							Horizontal Datum: □ WGS 84 □ NAD 83 □ NAD 27				
, , , , , , , , , , , , , , , , , , , ,	w	ELL'S ST	TATIC WA	TER LEVEL:	2	5 ft.	Source		· Latitude/Longitude			
		below land surface, measured on (mo-day-yr)1					5. 0		unit make/model:			
NW 1		above land surface, measured on (mo-day-yr)						(WAAS enabled? ☐ Yes ☐ No)				
w *	$+$ _E ru	Pump test data: Well water was						☐ Land Survey ☐ Topographic Map ☐ Online Mapper:				
	1	Well water was ft.						Оппис (маррег,				
SW	. ! !	after hours pumping gpm					(FI				1. I T TO C	
	L Es	Estimated Yield:20gpm					6 Elevation:					
S	Bo	Bore Hole Diameter:10.5 in. to					Source	Source:				
1 mile-		HOPP		in. to		, π.			, Juliu			
7 WELL WATER TO BE USED AS: 1. Domestic: 5. Public Water Supply: well ID												
☐ Household		6. Dewatering: how many wells?										
Lawn & Ga		7. Aquifer Recharge: well ID							☐ Uncased ☐ €			
			8. Monitoring: well ID						nal: how many bores			
2. Irrigation 9. Environmental Remedian												
			☐ Air Sparge ☐ Soil Vapor Extract			Extraction		b) Open Loop Surface Discharge Inj. of Water				
	4. Industrial Recovery Injection 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												
8 TYPE OF C	ASING USE	SD: □ S	teel ■ PV	C ∐ Other	• • • • • • • • • • • • • • • • • • • •	CAS	ING JOINTS	S: =	Glued ∐ Clamped	l ∐ Welde	d Threaded	
Casing diameter												
TYPE OF SCREEN OR PERFORATION MATERIAL:												
☐ Steel ☐ Stainless Steel ☐ Fiberglass ■ PVC ☐ Other (Specify)												
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)												
SCREEN OR I	PERFORATION	ON OPE	NINGS A	RE:								
☐ 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 .25												
SCREEN-PER	FORATED II	NTERV	ALS: From	1 .42 ft. 1	o ./ 75	ft., From	fl. t	to	ft., From	ft. to	· ft.	
GRAVEL PACK INTERVALS: From												
Grout Intervals:	From 3	□ Neat o	23	ft From	Be Be	ntonite []	Otner		# to	 ₽		
Nearest source	of possible con	11. 10 Itaminati	on:	. 1t., F10III	• • • • • • • • • • • • • • • • • • • •	11. 10	11., 110111	1	, 11. 10	11.		
☐ Septic Tanl			Lateral Line	s □ Pi	t Privy		Livestock P	ens	☐ Insection	cide Storage	•	
Sewer Line			Cess Pool		wage La] Fuel Storage			oned Water		
Watertight			Seepage Pit		edyard] Fertilizer St			ll/Gas Well		
☐ Other (Specify) Direction from well? SOUTH Distance from well? 50+ ft.												
	TO		ITHOLOG		L HOIII W	FROM	ТО		THO, LOG (cont.) or		G INTERVALS	
0 1		SOIL	ATTIOL OC	AC EGG		1 ROM	1 10	2	HO. EOG (COIL.) OI	T EU GOII (GHYIEAVALS	
1 14	CLA'							 -				
14 17		SAND					1					
17 48		SHAL	E									
48 52	BRO	WN SH	ALE			1						
52 75		E SHAL										
						Notes:						
11 CONTRA	CTOR'S OR	LAND	OWNER'S	S CERTIFIC	CATION	V: This wat	er well was	CO	onstructed, [] reco	instructed,	or plugged	
under my jurise	uiction and w	as compl	eted on (m	no-day-year) 84	.144.J <i>.</i> 244 This 337	ter Well Pa	i this record	is tri	ue to the best of m	y knowled ear) 10/2?	ge and belier.	
under the busin	ness name of	WENIN	GER DRI	LLING, LLC		S	ignature	~				
Mail 1 wh	ite copy along wi	ith a fee of	\$5.00 for eac	h constructed we	ell to: Kar	nsas Departmen	nt of Health and	l Envi	ironment, Bureau of W	ater, GWTS	Section,	
1000 SW	Jackson St., Sui	te 420, Top	eka, Kansas	- 66612-1367. M	ail one to	Water Well Ov	vner and retain	one fo	or your records. Teleph	one 785-296	-5524.	
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.kdhcks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015												