WATER WELL R			WWC-5			ision of Wate			}	
Original Record						Well ID				
1 LOCATION OF WATER WELL: Fracti				N=	Section Number Township Number				nge Number	
County: SEDGWI	NE 1/4	SW¼ 31 T 26 S R 1 □ E ■ W								
2 WELL OWNER: Last Name: First: 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:										
Address: 3223 N COVINGTON										
Address: 727 N WACO, STE 400 City: MICHITA State: KS 77B: 67203 WICHITA, KS										
City: WICHITA		State: KS	ZIP: 67203		WICHITA, F	\ <u>\</u>				
3 LOCATE WELL	4 DEPTH	OF COM	IPLETED W	ELL:	57 n	. 5 Latitu	de:		(decimal degrees)	
WITH "X" IN	Depth(s) Gr	oundwater	Encountered: 1)2	8 ft.		tude:		•	
SECTION BOX:	2)	ft. :	3) ft.,	or 4)	Dry Well		ntal Datum: WGS			
WELL'S STATIC WATER LEVEL:						Source	for Latitude/Longitud			
below land surface, measured on (mo-day-yr). 03/15/2017						' □ Gi	PS (unit make/model:			
NW NE	above land surface, measured on (mo-day-yr)						(WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map			
W E							Online Mapper:			
	į	Well water was ft.								
SW SE		after hours pumping gpm					tion	e Croun	d Lavel D TOC	
	Estimated Y	Estimated Yield:29.†gpm Bore Hole Diameter:10.5 in. to57 ft. ar					6 Elevation:			
S mile	Bore Hole Diameter:					Source	Other			
7 WELL WATER TO BE USED AS:										
1. Domestic:			ter Supply: we	11 ID	•••••	10. □ Oil	Field Water Supply:	lease		
☐ Household	6. Dewatering: how many wells?					11. Test I	11. Test Hole: well ID			
Lawn & Garden	<u> </u>						sed Uncased			
Livestock	8. Monitoring: well ID						ermal: how many bor			
2. Irrigation 3. Feedlot	9. Environmental Remediation: well ID ☐ Air Sparge ☐ Soil Vapor Extraction					a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water				
4. Industrial		Recovery			Extraction					
4. ☐ Industrial ☐ Recovery ☐ Injection ☐ 13. ☐ Other (specify):										
Water well disinfected? Yes No										
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded										
Casing diameter										
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 PERFORATION OPENINGS ARE:										
☐ Continuous Slot										
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)										
SCREEN-PERFORATED INTERVALS: From .42 ft. to .57 ft. From ft. to ft. From ft. ft. ft. ft.										
GRAVEL PACK INTERVALS: From										
9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ■ Bentonite ☐ Other										
Grout Intervals: From 3 ft. to 23 ft., From ft. to ft., From ft. to ft.										
Nearest source of possible contamination: □ Septic Tank □ Lateral Lines □ Pit Privy □ Livestock Pens □ Insecticide Storage										
□ 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? .NC	DTU	• • • • • • • • • • • • • • • • • • • •			46			_		
Direction from well? .NO				from w					O DITTONICE	
10 FROM TO 0 1		ITHOLOG	SIC LOG		FROM	ТО	LITHO, LOG (cont.)	or PLUGGIN	GINTERVALS	
	TOP SOIL CLAY			 	-					
	MED GRAVE	=1		······	+					
	CLAY	- 1-			1					
	MED SAND			·····	1					
	ייבט טרוועט						· · · · · · · · · · · · · · · · · · ·			
					Notes:	<u> </u>				
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (no-day-year) 03/15/2017 and this record is true to the best of my knowledge and belief.										
under my jurisdiction a	nd was comp	leted on (n	no-day-year) .)3/15/2	4V.1 / and	this record is	s true to the best of i	ny knowled	ge and belief.	
Kansas Water Well Con under the business nam	ntractor's Lice	ense No. S GER DPI	10 1	inis Wa	nter Well Red e:	cord was con	ipieted on the day-	year) uwzi	#. 4. V.1	
Mail 1 white conv ale	ong with a fee of	\$5.00 for eac	ch constructed wel	ll to: Kar	sas 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										