WATER WELL R		WWC-5		sion of Water				
Original Record		ge in Well Use		urces App. No.		Well ID		
1 LOCATION OF W County: SEDGWI		Fraction SE1/4 NE1/4 SE1/4		tion Number 27	Township Number			
2 WELL OWNER: 1		1				R 1 DE 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: 6437 W KOLLMEYER CT								
Address: PO BOX 75337								
City: WICHITA 3 LOCATE WELL		ZII. UIZIU		···	· · · · · · · · · · · · · · · · · · ·			
WITH "X" IN		MPLETED WELL:		` ` ,				
SECTION BOX:	SECTION BOX: Depth(s) Groundwater Encountered: 1)				Longitude:			
N		Horizontal Datum: WGS 84 NAD 83 NAD 27 Source for Latitude/Longitude:						
	WELL'S STATIC WATER LEVEL: 23 ft. below land surface, measured on (mo-day-yr).05/08/2017)		
NW NE	above land surface, measured on (mo-day-yr)				(WAAS enabled? ☐ Yes ☐ No)			
					☐ Land Survey ☐ Topographic Map			
	E after hours pumping gpm Well water was ft.				☐ Online Mapper:			
SW SE	E - after hours rumping gpm							
	Estimated Yield: 20+ grom					☐ Ground Level ☐ TOC		
	S Bore Hole Diameter: 10.5 in to 60 ft.				Source:			
7 WELL WATER TO		in. to	. n.	ļ "		***************************************		
i. Domestic:		ater Supply: well ID		10 □ Oil F	ield Water Supply: Jes	250		
☐ Household	Dewatering: how many wells?			10. Oil Field Water Supply: lease				
🔳 Lawn & Garden	■ Lawn & Garden 7. ☐ Aquifer Recharge: well ID				☐ Cased ☐ Uncased ☐ Geotechnical			
Livestock					12. Geothermal: how many bores?			
2. ☐ Irrigation 3. ☐ Feedlot	2.				a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water			
4. ☐ Industrial	☐ Air Sparg ☐ Recovery		xuraction	D) Oper	r (specify). ≀ roob □ snuace rus	charge Inj. of water		
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ■ No If yes, date sample was submitted:								
Was a enemical bacter loogical sample submitted to RDRE! 1es 100 11 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 60 ft., Diameter in to ft., Diameter in to ft. Diameter in to SDR-26 Wall thickness or gauge No. SDR-26								
Casing height above land surface								
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 .50 ft. to .60 ft., From								
GRAVEL PACK INTERVALS: From 23 ft. to 60 ft., From ft. to ft., From ft. to ft. to ft.								
9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☐ Bentonite ☐ Other								
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 Distance from well? 52 ft.								
10 FROM TO	LITHOLO	GIC LOG	FROM	TO LI	THO. LOG (cont.) or	PLUGGING INTERVALS		
0 1	TOP SOIL							
	CLAY			ĺ				
6 60 1	MED GRAVEL			<u></u>				
<u> </u>								
			Notoer					
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) 05/08/2017 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 884								
Kansas Water Well Cor	ntractor's License No. 5	704 This Wat	er Weil Reco	ord was comp	etcii on (mo-day-ye	ar) '95/.19/.2017		
Mail 1 white copy alo	ong with a fee of \$5.00 for each	ch constructed well to: Kans	as Department	nature of Health and For	dronment Bureau of Wat	ter GWTS Section		
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.kdhcks.gov/watcrwell/index.html KSA 82a-1212 Revised 7/10/2015								