| | | ECORD Form V | | | ision of Water | | | |
|--|--|------------------------|----------------------|--|--|--------------------------------------|----------------------|--|
| | Record | | e in Well Use | | ources App. No | | Well ID | |
| 1 LOCATION OF WATER WELL: Fraction | | | | | Section Number Township Number Range Number | | | |
| County | Sedgwic | k | SE 1/4 SW 1/4 NW 1/4 | | | | | |
| 2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and | | | | | | | | |
| Business: | SHARP, CR | AIG HOMES INC. | | tirection from nearest town or intersection): If at owner's address, check here: | | | | |
| Address: | | Collective Ln St | e. A | | | | | |
| Address: | | | | 3150 N | Indith St | Wichita, Ka | nsas 67205 | |
| | Wichita | State: Kansa | as ZIP: 67206 | J130 IV. (| | madia da , na | | |
| 3 LOCATI | | 4 DEPTH OF COM | PLETED WELL: | 70 fi | 5 Latitud | e· 37 . 74096 | (decimal degrees) | |
| WITH " | | Depth(s) Groundwater I | | | | | | |
| SECTIO | | | 3) ft., or 4) | | | | | |
| N | 1 | WELL'S STATIC WAT | | | | | | |
| | ■ below land surface, measured on (mo-day-yr) | | | | | | Phone) | |
| | | | | | ■ GF | | | |
| NW | NWNE Labove land surface, measured on (mo-day-yr). Pump test data: Well water was | | | | (WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map | | | |
| w | | | | | Online Mapper: | | | |
| | Wall water was | | | | Offittie Wapper | | | |
| × SW | SE | | pumping | onm | | | | |
| | | Estimated Yield:gpm | | | 6 Elevation | 6 Elevation:ft. ☐ Ground Level ☐ TOC | | |
| | | Bore Hole Diameter: 12 | ft. and | Source: ☐ Land Survey ■ GPS ☐ Topographic Map | | | | |
| 1 | | | | | ☐ Other | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | |
| 1. Domestic: | MIERIC | | ter Supply well ID | | 10 🗆 0:1 | Field Water Supply: Is | agea | |
| | omestic: 5. ☐ Public Water Supply: well ID] Household 6. ☐ Dewatering: how many wells? | | | | | | | |
| _ | I Lawn & Garden 7. ☐ Aquifer Recharge: well ID | | | | | | | |
| | Livestock Adulter Recharge, well ID | | | | | | | |
| 2. Irrigati | | | | | | | | |
| 3. Feedlo | | | | | | | | |
| 4. ☐ Industrial ☐ Recovery ☐ Injection | | | | | 13. Other (specify): | | | |
| | | | | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ■ No If yes, date sample was submitted: | | | | | | | | |
| | | Yes No | | | | | | |
| 8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other | | | | | | | | |
| Casing diameter 5 | | | | | | | | |
| 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 ☐ 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 50 ft. to 70 ft., From ft. to ft., From ft., From ft., From ft., From ft. | | | | | | | | |
| GRAVEL PACK INTERVALS: From 24 ft. to 70 ft., From ft. to ft., From ft. ft. to 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 | | ☐ Cess Pool | ☐ Sewage La | | Fuel Storage | | loned Water Well | |
| ■ Watertight Sewer Lines | | | | | | | | |
| Other (Specify) | | | | | | | | |
| Direction from well? East | | | | | | | | |
| 10 FROM | TO | LITHOLOG | | FROM | | | r PLUGGING INTERVALS | |
| 0 | | topsoil | | I KOW | 10 | (******) | | |
| 3 | | clay | | | | | | |
| 30 | - | fine sand | | | | | | |
| 45 | - | medium sand | | | | | | |
| 43 | 70 | mearum sand | | - | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 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) 9.7./21/.2022 and this record is true to the best of my knowledge and belief. | | | | | | | | |
| Kancac Wa | ter Well Cor | tractor's License No. | 236 This Water | Well Record | was complete | d on (mo-day-year) 7 | /25/2022 | |
| under the h | ousiness nan | ne of | ell and Pump Servi | ceS | gnature . Sod | d 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/index.html KSA 82a-1212 Revised 7/10/2015 | | | | | | | | |