WATER			WWC-5			sion of Water		] ,,, ,,,,		
			-			urces App. No.	T		Well IDer Range Number	
1 LOCATION OF WATER WELL: County: Sedgwick			Fraction	on   Section   Section   27		ion Number	Township Numb	R 2	□ E × W	
AND DESCRIPTION OF THE PERSON NAMED IN COLUMN 2 IS NOT THE PERSON	The second secon					Address who			i, distance and	
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: 3530 N. Beach Club Circle										
Address:									7030	
City: Wichita State: Mailsas ZiP: 67205										
3 LOCATE		4 DEPTH OF CON	IPLETED WELL:	ft.	5 Latitude	37.75606		(decimal degrees)		
SECTION ROX. Depth(s) Groundwater			Encountered: 1) ft.			Longitude: -97.53185 (decimal degrees)				
N 2) f						Horizontal Datum: ■ WGS 84 □ NAD 83 □ NAD 27				
WELL'S STATIC			TER LEVEL: <b>18</b>	ft.	/23	Source for	or Latitude/Longitude:	_ I Dhan		
			measured on (mo-day-yr)07/31/23. measured on (mo-day-yr)			GPS (unit make/model:I-Phone				
			vater was ft.			☐ Land Survey ☐ Topographic Map				
			s pumping				Online Mapper:			
			vater was ft.							
anter nour				s pumping gpm			<b>6 Elevation</b> :ft. ☐ Ground Level ☐ TOC			
Estimated Yield:			gpiii				Source: Land Survey GPS Topographic Map			
			2 in. to 7.0 ft. and Source: ft.			Other				
7 WELL WATER TO BE USED AS:										
1. Domestic:   1. D										
			ng: how many wells?			11. Test Ho	11. Test Hole: well ID			
			Recharge: well ID				☐ Cased ☐ Uncased ☐ Geotechnical			
			ng: well ID				12. Geothermal: how many bores?			
							Closed Loop			
3. Feedlot Air Sparge							pen 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										
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										
GCKLLIV-I	RAVEL PA	CK INTERVALS: Fro	m <b>24</b> ft. to <b>70</b> .	ft.,	From .	ft. to	ft., From	ft. t	o ft.	
GRAVEL PACK INTERVALS: From 24 ft. to 70 ft., From ft. to ft. from ft. to ft. o ft. ft. from ft. to ft. ft. from ft. to ft. ft. from ft. ft. ft. ft. ft. ft. ft. ft. ft										
Grout Intervals: From										
		ole contamination: B4								
■ Septic		☐ Lateral Li				Livestock Pen		ticide Storag		
□ Sewer Lines       □ Cess Pool       □ Sewage Lagoon       □ Fuel Storage       □ Abandoned Water Well         □ Watertight Sewer Lines       □ Seepage Pit       □ Feedyard       □ Fertilizer Storage       □ Oil Well/Gas Well										
☐ Watertight Sewer Lines     ☐ Seepage Pit     ☐ Feedyard     ☐ Fertilizer Storage     ☐ Oil Well/Gas Well       ☐ Other (Specify)     ☐ Other (Specify)										
Direction fr	om well? <b>No</b>	rth	Distance from v	vell? <b>100</b>	.ft.	plus	ft			
10 FROM	TO		OGIC LOG		OM		LITHO. LOG (cont.)		NG INTERVALS	
0	3	topsoil	8	11		1.5		AND 100 100 100 100 100 100 100 100 100 10		
3	22	clay								
22	36	fine sand								
36	66	medium sand								
66	70	gray shale								
Notes:										
11 CONTRACTORIS OR LANDOWNERS CERTIFICATION TO 1										
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./31./29.23 and this record is true to the best of my knowledge and belief.										
Kansas Wa	ter Well Co	ntractor's License No		er Well R	lecord	was complete	don (mo-day-year)	8/1/2023	3	
Kansas Water Well Contractor's License No236 This Water Well Record was completed on (mo-day-year) 8./1./2023 under the business name of										
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.										
1							your records. Telepho			
Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-121						12 Revised 7/10/2015				