			Form V		æ		vision of Wat sources App. 1			Well ID			
	Image: Contraction Image: Contraction Image: Contraction Image: Contrecontraction Image: C				Section Number Township Num			er Ran	ige Number				
County: Sedgwick NE ¹ / ₄ SW ¹ / ₄ SW ¹ / ₄													
		Last Name: SO	WELL	First: KIM	Street or R	rection from nearest town or intersection): If at owner's address, check here:							
Business: Address:	Address: 338 N MARK ALLEN												
Address:					10								
City:	WICHIT/	1	State: KS	ZIP: 672			27 007000						
3 LOCAT WITH "		4 DEPTH	OF COM	PLETED	WELL:	120							
	SECTION BOX: Depth(s) Groundwater Encountered: 1)31 2) ft. 3) ft., or 4)						ft. I.ongitude: 97.4786707 (decimal degrees) Well Datum: WGS 84 NAD 83 NAD 27						
1	WELL'S STATIC WATER LEVEL:						ft. Source for Latitude/Longitude:						
			and surface,	measured o	n (mo-day-	yr)	5 0		(unit make/model:				
NW	→ NW → NE → NE → Pump test data: Well water was					t. □Ia			WAAS enabled?		40)		
w X	A after hours pumping							Land Survey Topographic Map Online Mapper:					
	- SWSE offer hours pumping												
	Estimated Vield 20 grm							6 Elevation: 1335ft. 🗹 Ground Level 🗌 TOC					
	s	Bore Hole I	Bore Hole Diameter:				and \underline{Source} : \Box Land Survey \Box GPS			GPS T	opographic Map		
	1 mile in. to							Dither KOLAR					
7 WELL WATER TO BE USED AS: 1. Domestic: 5. Dublic Water Supply: well ID 10. Dil Field Water Supply: lease													
	□ Household 6. □ Dewatering: how many wells?							11. Test Hole: well ID					
	☑ Lawn & Garden 7. ☐ Aquifer Recharge: well ID							Cased Uncased Geotechnical					
	Livestock 8. Monitoring: well ID						12. Geo	thern	hal: how many bores	s? ⊷I □V~-			
2. ☐ Irrigati 3. ☐ Feedlo	2. Irrigation 9. Environmental Remediation: well ID 3. Feedlot Air Sparge							a) Closed Loop Horizontal Vertical b) Open Loop Surface Discharge Inj. of Water					
4. Industrial Recovery Injection								13. Other (specify):					
Was a chemical/bacteriological sample submitted to KDHE? Yes Z No If yes, date sample was submitted:													
Water well disinfected? 27 Yes I No													
8 TYPE OF CASING USED: Steel 2 PVC Other CASING JOINTS: 2 Glued Clamped Welded 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 PERFORATION OPENINGS ARE:													
Continuous Slot Z 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													
SCREEN-F	PERFORA	FED INTERV	ALS: From		t. to .120	ft., From	ft. 1	to	ft., From	ft. to	ft.		
GRAVEL PACK INTERVALS: From													
9 GROUT MATERIAL: Deat cement Cement grout Bentonite Other													
Nearest sou	rce of possi	ble contaminati	ion:										
			Lateral Line: Cess Pool		Pit Privy Sewage Lag	_] Livestock P] Fuel Storag			cide Storage oned Water			
Sewer		_	Seepage Pit		Sewage Lag Feedyard		Fuel Storage Fertilizer St			ell/Gas Well			
✓ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify) Direction from well? EAST Distance from well? 170 ft.													
Direction fro 10 FROM	om well? . E				nce from we	II? .170 FROM	TO		THO. LOG (cont.) or		CINTEDVALC		
0	2	TOPSOIL	ITHOLOG	IC LOG		FROM	10		1HU. 100 (cont.) of	PLUGOIN	GINTERVALS		
2	33	CLAY				1							
33	37	FINE SAND				1							
37	91	CLAY		· · · · · · · · · · · · · · · · · · ·									
91	120	MEDIUM											
						N							
							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) .7/16/2015 and this record is true to the best of my knowledge and belief.													
under my j	urisdiction	and was compl	leted on (m	o-day-year 11	() .(/16/20 This Wa	ter Well D	d this record	is tr	ue to the best of m	y knowled ear) 8/12/	ge and belief. 2015		
Kansas Water Well Contractor's License No. 611													
Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each <u>constructed</u> well. KS Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-3565.													
		n and Environment heks.gov/waterwel		ater, Geolog	y Section, 10	00 SW Jackso	n St., Suite 420), Top	eka, Kansas 66612-136		e 785-296-3565. SA 82a-1212		
visit us at <u>h</u>	ntp.//www.Kd	neks.gov/waterwe	u macx.numi							I,	JAN 044-1414		