WATER WELL RECORD Form WWC-5					Division of Water Resources App. No. Well ID MW4I									
X Original Record	Correction		inge in Well Ust		K	esour	rces App. No.							
1 LOCATION OF County Sedgwick		٠:	Fraction 1/4	SW 1/4	NW ¼ NW	1/4	Section Numb	er Township I			Number 1 E x W			
County Sedgwick ½ SW ½ NW ½ NW ½ 29 1 27 S R 1 E X W WELL OWNER: Last Name: Street or Rural Address where well is located (if unknown, distance and direction														
Business: Miller's Cleaners from nearest town or intersection): If at owner's address, check here:														
Address: 323 S Maize Rd. ~910' SE of 323 S Maize Rd., Wichita KS											_			
Address:				1										
		tate: KS	ZIP: F COMPLETED	WELL	60 ft	5	Latitude:	27.4	76907	(d	ecimal degrees)			
3 LOCATE WELL WITH "X" IN			vater Encountered	*****	***************************************	3	Lantinue:		160982	(de	ecimal degrees)			
SECTION BOX:	Horizontal Datum: WGS 84 NAD 83 NAD 27													
N	SECTION BOX: 2) ft 3) ft, or 4) Dry Well WELL'S STATIC WATER LEVEL: NA ft.							Source for Latitude/Longitude:						
	X	below land	l surface, measure	d on (mo-day	/-yr) NA		X GPS (unit make/mode	1:	<u></u>)			
X NW NE	NE above land surface, measured on (mo-day-yr							AAS enabled?))			
	1 1	Pump test data: Well water was ft					Land Survey Topographic Map							
w	E a	E after hours pumping gpm Water well was ft					Online Mapper							
	a	after hours pumping					m 6 Elevation ft Ground Level TOC							
SW ——— SE		OF	Source Land Survey GPS					Topographic Map						
	Estimated Yield: gpm Bore Hole Diameter: 8.25 in to													
S	ft			***************************************			•••••••••••••••••••••••••••••••••••••••							
1 mile									·					
7 WELL WATER TO		Public-Wes	er Supply:-well-ID) .		. 10	Oil Field	Water Supply:	ease					
Household	=						Test Hole: wel							
Household 6 Dewatering: how many wells? Lawn & Garden 7 Aquifer Recharge: well ID						- 11	Cased	Uncased		Geotechni	cal			
Livestock							Geothermal: Ho	ow many bores?						
2 Irrigation 9 Environmental Remediation: well ID						a) Closed Loop Horizontal Vertical								
3 Feedlot Air Sparge Soil Vapor Extraction							b) Open Loop Surface Discharge Inj. of Water							
4 Industrial	F	Recovery	Injection	on			Other (spe	cify):						
Was a chemical/bacteriological sample submitted to KDHE? Yes X No If yes, date sample was submitted:														
Water well disinfected? Yes X No														
8 TYPE OF CASING USED: Steel X PVC Other CASING JOINTS: Glued Clampled Welded X Threaded														
Casing diameter 2 in to 40 ft, Diameter in to ft, Diameter in to ft,														
Casing height above land surface 0 in. Weight lbs./ft. Well thickness or gauge No														
TYPE OF SCREEN OR PERFORATION MATERIAL:														
Steel Stainless Steel Fiberglass X PVC Other (Specify)														
Brass Galvanized Steel Concrete tile None used (open hole) SCREEN OR PERFORATION OPENINGS ARE:														
Continuous Slot X 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 4	40 ft to	60 ft 1	From	ft	to	ft. From	ft	to.	ft.			
GRAVEL PACK	NTERVALS:	From	38 ft. to	60 ft.	From	ft.	to	ft. From	ft	. to	ft,			
9 GROUT MATERIAL			Cement grout											
Grout intervals: From			t, From			nici From	n ft	5' to	ft		***************************************			
Nearest source of possib				11. 10		1011			1.,					
Septic Tank		ateral Line	es Pit	Privy	Πц	ivest	ock Pens	Insecti	cide Stor	age				
Sewer Lines		Cess Pool	=	wage Lagoon	≔						doned Water Well			
Watertight Sewer L	=	Seepage Pit	==	edyard			zer Storage		ell / Gas V					
Other (Specity)							3							
				tance from w	ell?		•••••	ft						
10 FROM TO			DLOGIC LOG		FROM	M	TO	LITHO. LOG	(cont.) or	PLUGGI	ING INTERVALS			
0 0.3	Topsoil													
0.3 6	Clayey silt													
6 10		Clayey silt w/ fine sand												
10 21 45		clay w/ fine-medium sand												
45 60	Silt w/ fine-medi													
								Cleaners; C2-0						
Target of monitoring well is shallow groundwater, <20' of grout was installed at														
the direction of KDHE.														
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was X constructed reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year) 12/22/17 and this record is true to the best of my knowledge and balls. Cansas Water Well Contractor's														
License No 757 This Water Well Record was completed on (mo-day-year) 2/1/18														
License No 757 This Water Well Record was completed on (mo-day-year) 2/1/18 under the business name of Larsen & Associates. Inc.														
Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Sovironment Sureau 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.														
1000 SW	Jackson St., Suite 42	20, Topeka,	Kansas 66612-1367	. Mail one to V	Water Well Owne	r and	retain one for yo	ur records. Telepl	опе 785-2	296-5524.				
Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015														