WATER WELL R	ECORD	Form WWC-5	5	Divis	ion of Water				
☐ Original Record ☐	ginal Record Correction Change in Well Use		Use	Resources App. No.			Well ID		
1 LOCATION OF W.			1 1	Sect	ion Number	Township Numb			
County: Sea	anick	DW4S	E MNW	St= 14	12	T 27 S	R () E (X) W		
2 WELL OWNER: La Business	ist Name: 🕥	ange First: {	Enic	Street or Rura	ıl Address wh	ere well is located	(if unknown, distance and		
				direction from no	earest town or inte	ersection): If at owne	r's address, check here: 👿		
Address 1614 M Preasant Wand									
City: Wichita	•	State: KJ ZIP: U	7.203						
3 LOCATE WELL	4 DEDTI	OF COMPLETE		39 .	- 1 414 1	27.712	376		
WITH "X" IN					5 Lantinge	-47 27	7010 7 (decimal degrees)		
SECTION BOX:	4 DEPTH OF COMPLETED WELL: 39 ft. Depth(s) Groundwater Encountered: 1)								
N									
	☐ below	land surface, measured	l on (mo-day-	yr)	Source for Latitude/Longitude: At Long App.				
NWNE	above land surface, measured on (mo-day-yr)				(WAAS enabled? ☐ Yes ☐ No)				
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map				
W	alter	after hours pumping				☐ Online Mapper:			
SW X SE	after								
		after hours pumping gpm Estimated Yield:gpm				6 Elevation:fi. Ground Level TOC			
S		Bore Hole Diameter: in. to ft. and				Source:			
mile		ir				J Other			
7 WELL WATER TO BE USED AS: 1. Domestic: 5. Public Water Supply: well ID									
1. Domestic:		Public Water Supply							
☐ Household ☑ Lawn & Garden	Dewatering: how many wells? Aquifer Recharge: well ID				11. Test Hole: well ID				
☐ I ivestock	8. Monitoring: well ID				12. Geothermal: how many bores?				
2. Irrigation		9. Environmental Remediation: well ID				a) Closed Loop			
3. ☐ Feedlot	☐ Air Sparge ☐ Soil Vapor Extraction				b) Open 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 disinferred to William Carlo									
8 TYPE OF CASING USED: Street Served Served Served Other									
Casing diameter									
Casing height above land surface									
TYPE OF SCREEN OR PERFORATION MATERIAL: Steel Stainless Steel Stainless Steel PVC Other (Specify)									
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify)									
PODECNI OD DEDEGO ATTONI ODENINOS ADE.									
Continuous Slot Mill Slot Gauze Wrapped Torch Cut Drilled Holes Other (Specify) Mill Slot Gauze Wrapped Torch Cut Drilled Holes Other (Specify) Mill Slot Gauze Wrapped Torch Cut Drilled Holes Other (Specify) Mill Slot Gauze Wrapped Torch Cut Drilled Holes Other (Specify) Mill Slot Gauze Wrapped Torch Cut Drilled Holes Other (Specify) Mill Slot Gauze Wrapped Gauze Wrapped Gauze Wrapped Drilled Holes Other (Specify) Mill Slot Gauze Wrapped Gauze Wrapped									
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)									
SCREEN-PERFORATED INTERVALS: From									
GRAVEL PACK INTERVALS: From									
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Grout Intervals: From fi. to fi. From fi. fi. to fi. From fi. fi. to fi. From fi. From fi. From fi.									
			n	ft. to	ft., From !	L. H It. to	It.		
Nearest source of possibl			☐ Pit Privy	П:	.ivestock Pens	□ Insecti	icide Storage		
Sewer Lines			Sewage La	_	Fuel Storage		loned Water Well		
☐ Watertight Sewer Lin	ies 🔲	Seepage Pit [☐ Feedyard		ertilizer Storag		ell/Gas Well		
Other (Specify)		**********************							
Direction from well?							l. or PLUGGING INTERVAL!		
IO FROM TO		LITHOLOGIC LOG		FROM	10 13	THO, LOG (cont.) o	T PLUGGING INTERVAL		
				 					
	***************************************						And Control of the Co		
				Notes: 0	sisped M	asing to 14	lio		
Notes: Raised Casing to 14in									
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed. The reconstructed or plugged under my jurisdiction and was completed on (mo-day-year) 08 22 120 m, and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No This Water Well Record was completed on (mo-day-year) 08 22 29 19.									
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was \(\) constructed. \(\) reconstructed, or \(\) plugged									
Wangas Water Well Contractor's Livense No. 548 This Water Well Record was completed on (mo-day-year) 0812213919									
Mail I white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Phytronment. 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									