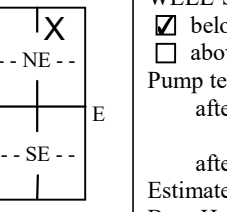


☒ Original Record    ☐ Correction    ☐ Change in Well Use

FSMW-11D

Well ID

<b>1 LOCATION OF WATER WELL:</b> County: Sedgwick		Fraction SE ¼ NW ¼ NE ¼ NE ¼	Section Number 20	Township Number T 27 S	Range Number R 1 E W
<b>2 WELL OWNER:</b> Last Name: Business: KDHE BER Address: 1000 SW Jackson St., Ste. 410 City: Topeka State: KS ZIP: 66612		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: <input type="checkbox"/>  Westlink Shopping Center, behind businesses at 8987-8989 W. Central Ave. - Wichita, KS			
<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> N 	<b>4 DEPTH OF COMPLETED WELL:</b> ..... 40 ..... ft. Depth(s) Groundwater Encountered: 1) ..... 19 ..... ft. 2) ..... ft. 3) ..... ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: ..... 19.02 ..... ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) 12/18/2019 <input type="checkbox"/> above land surface, measured on (mo-day-yr)..... Pump test data: Well water was ..... ft. after..... hours pumping ..... gpm Well water was ..... ft. after..... hours pumping ..... gpm Estimated Yield: ..... gpm Bore Hole Diameter: ..... 8.25 ..... in. to ..... 40 ..... ft. and ..... in. to ..... ft.		<b>5 Latitude:</b> ..... 37.69250 .....(decimal degrees) <b>Longitude:</b> ..... 97.44702 .....(decimal degrees) Datum: <input type="checkbox"/> WGS 84 <input checked="" type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 <u>Source for Latitude/Longitude:</u> <input type="checkbox"/> GPS (unit make/model: .....)(WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input checked="" type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Online Mapper: .....		
	<b>6 Elevation:</b> 1330.84 .....ft. <input type="checkbox"/> Ground Level <input checked="" type="checkbox"/> TOC <u>Source:</u> <input checked="" type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other .....				
<b>7 WELL WATER TO BE USED AS:</b> 1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock 2. <input type="checkbox"/> Irrigation 3. <input type="checkbox"/> Feedlot 4. <input type="checkbox"/> Industrial 5. <input type="checkbox"/> Public Water Supply: well ID ..... 6. <input type="checkbox"/> Dewatering: how many wells? ..... 7. <input type="checkbox"/> Aquifer Recharge: well ID ..... 8. <input checked="" type="checkbox"/> Monitoring: well ID FSMW-11D 9. Environmental Remediation: well ID ..... <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection 10. <input type="checkbox"/> Oil Field Water Supply: lease ..... 11. Test Hole: well ID ..... <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical 12. Geothermal: how many bores? ..... a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water 13. <input type="checkbox"/> Other (specify): .....					
<b>Was a chemical/bacteriological sample submitted to KDHE?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, date sample was submitted: ..... Water well disinfected? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<b>8 TYPE OF CASING USED:</b> <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other ..... CASING JOINTS: <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Threaded Casing diameter ..... 2 ..... in. to ..... 30 ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft. Casing height above land surface ..... 0 ..... in. Weight ..... lbs./ft. Wall thickness or gauge No. 40 .....					
<b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b> <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) ..... <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> None used (open hole)					
<b>SCREEN OR PERFORATION OPENINGS ARE:</b> <input type="checkbox"/> Continuous Slot <input checked="" type="checkbox"/> Mill Slot <input type="checkbox"/> Gauze Wrapped <input type="checkbox"/> Torch Cut <input type="checkbox"/> Drilled Holes <input type="checkbox"/> Other (Specify) ..... <input type="checkbox"/> Louvered Shutter <input type="checkbox"/> Key Punched <input type="checkbox"/> Wire Wrapped <input type="checkbox"/> Saw Cut <input type="checkbox"/> None (Open Hole)					
SCREEN-PERFORATED INTERVALS: From ..... 30 ..... ft. to ..... 40 ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft. GRAVEL PACK INTERVALS: From ..... 28 ..... ft. to ..... 40 ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.					
<b>9 GROUT MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other ..... Grout Intervals: From ..... 1 ..... ft. to ..... 28 ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.					
<b>Nearest source of possible contamination:</b> No potential source of contamination within 200 ft. <input type="checkbox"/> Septic Tank <input type="checkbox"/> Lateral Lines <input type="checkbox"/> Pit Privy <input type="checkbox"/> Livestock Pens <input type="checkbox"/> Insecticide Storage <input type="checkbox"/> Sewer Lines <input type="checkbox"/> Cess Pool <input type="checkbox"/> Sewage Lagoon <input type="checkbox"/> Fuel Storage <input type="checkbox"/> Abandoned Water Well <input type="checkbox"/> Watertight Sewer Lines <input type="checkbox"/> Seepage Pit <input type="checkbox"/> Feedyard <input type="checkbox"/> Fertilizer Storage <input type="checkbox"/> Oil Well/Gas Well <input checked="" type="checkbox"/> Other (Specify) Emr.Dry.Cleaner ..... Direction from well? East Distance from well? 220 ..... ft.					
<b>10 FROM</b>		<b>TO</b>	<b>LITHOLOGIC LOG</b>	<b>FROM</b>	<b>TO</b>
				<b>LITHO. LOG (cont.) or PLUGGING INTERVALS</b>	
0		5	Lithology not logged		
5		10	Lean Clay, silty, brn		
10		24	Sand, f, brn		
24		25	Clay, silty		
25		35	Sand, c & m		
35		40	Lean Clay, gry		
			<b>Notes:</b>		
<b>11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo-day-year) 07/02/2019..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 531..... This Water Well Record was completed on (mo-day-year) 04/29/2020..... under the business name of GSI Engineering, LLC.....					
Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed 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. Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212					





Legend

- OE OVERHEAD ELECTRIC & CABLE TV LINE
- W WATER LINE
- GAS GAS LINE
- C UNDERGROUND TELEPHONE LINE
- SS SANITARY SEWER LINE
- MONITORING WELL
- IAS WELL
- SVE WELL



ALL LOCATIONS AND BOUNDARIES ARE APPROXIMATE

	FIGURE: XX.XX	FIGURE NAME: SITE BASE MAP	FORMER FOUR SEASONS 8947 WEST CENTRAL WICHITA, KANSAS KDHE #: C2-087-73100
	DATE: 02-07-20	PROJECT NUMBER: 1874118	
	DRAWN BY: RN	PROJECT MANAGER: SGE	