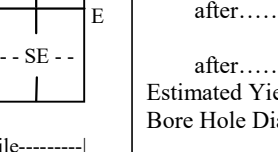


Well ID

1 LOCATION OF WATER WELL: 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										
2 WELL OWNER: Last Name: _____ First: _____ 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 8829-8999 W. Central Ave. - Wichita, KS												
3 LOCATE WELL WITH "X" IN SECTION BOX: N <table border="1" style="margin-left: auto; margin-right: auto;"><tr><td></td><td>X</td></tr><tr><td>-- NW --</td><td>-- NE --</td></tr><tr><td>W</td><td>E</td></tr><tr><td>-- SW --</td><td>-- SE --</td></tr><tr><td>S</td><td></td></tr></table> -----1 mile-----			X	-- NW --	-- NE --	W	E	-- SW --	-- SE --	S		4 DEPTH OF COMPLETED WELL: 35 ft. Depth(s) Groundwater Encountered: 1) 20 ft. 2) ft. 3) ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: 19.22 ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) 08/15/2019 <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 35 ft. and in. to ft.		5 Latitude: 37.69239(decimal degrees) Longitude: 97.44681(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:	
	X														
-- NW --	-- NE --														
W	E														
-- SW --	-- SE --														
S															
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Was a chemical/bacteriological sample submitted to KDHE? <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															
8 TYPE OF CASING USED: <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 33 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..... TYPE OF SCREEN OR PERFORATION MATERIAL: <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) SCREEN OR PERFORATION OPENINGS ARE: <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 33 ft. to 35 ft., From ft. to ft., From ft. to ft. GRAVEL PACK INTERVALS: From 29 ft. to 35 ft., From ft. to ft., From ft. to ft.															
9 GROUT MATERIAL: <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 29 ft., From ft. to ft., From ft. to ft. Nearest source of possible contamination: 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-northeast Distance from well? 170 ft.															
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5	12	Lean Clay, brn, silty													
12	33	Sand, f													
33	35	Lean Clay, lt brn													
			Notes:												
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: 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) 07/18/2019..... 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) 05/04/2020..... 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															

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