

☒ Original Record    ☐ Correction    ☐ Change in Well Use

IAS-24

Well ID

|   |           |  |                      |                           |   |  |          |  |  |  |          |  |          |  |   |  |  |  |  |  |
|---|-----------|--|----------------------|---------------------------|---|--|----------|--|--|--|----------|--|----------|--|---|--|--|--|--|--|
| <b>1 LOCATION OF WATER WELL:</b><br>County: Sedgwick  |           | Fraction<br>SW ¼ NE ¼ NE ¼ NE ¼  | Section Number<br>20 | Township Number<br>T 27 S | Range Number<br>R 1 E W                         |  |          |  |  |  |          |  |          |  |   |  |  |  |  |  |
| <b>2 WELL OWNER:</b> Last Name:<br>Business: KDHE BER<br>Address: 1000 SW Jackson St., Ste. 410<br>City: Topeka State: KS ZIP: 66612  |           | First:<br><br>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"/><br>Westlink Shopping Center, behind businesses at 8829-8999 W.<br>Central Ave. - Wichita, KS |                      |                           |   |  |          |  |  |  |          |  |          |  |   |  |  |  |  |  |
| <b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b><br>N<br><table border="1" style="margin-left:auto; margin-right:auto;"><tr><td></td><td></td><td>X</td></tr><tr><td>-- NW --</td><td></td><td>-- NE --</td></tr><tr><td></td><td></td><td></td></tr><tr><td>-- SW --</td><td></td><td>-- SE --</td></tr><tr><td></td><td>S</td><td></td></tr></table><br> -----1 mile----- <br>W                  E   |           |  |                      | X                         | -- NW --  |  | -- NE -- |  |  |  | -- SW -- |  | -- SE -- |  | S |  | <b>4 DEPTH OF COMPLETED WELL:</b> ..... 35 ft.<br>Depth(s) Groundwater Encountered: 1) ..... 20 ft.<br>2) ..... ft. 3) ..... ft., or 4) <input type="checkbox"/> Dry Well<br>WELL'S STATIC WATER LEVEL: ..... 20.00 ft.<br><input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) 08/09/2019<br><input type="checkbox"/> above land surface, measured on (mo-day-yr).....<br>Pump test data: Well water was ..... ft.<br>after..... hours pumping ..... gpm<br>Well water was ..... ft.<br>after..... hours pumping ..... gpm<br>Estimated Yield: ..... gpm<br>Bore Hole Diameter: ..... 8.25 in. to ..... 35 ft. and<br>..... in. to ..... ft. |  | <b>5 Latitude:</b> ..... 37.69239 (decimal degrees)<br><b>Longitude:</b> ..... 97.44629 (decimal degrees)<br>Datum: <input type="checkbox"/> WGS 84 <input checked="" type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27<br><u>Source for Latitude/Longitude:</u><br><input type="checkbox"/> GPS (unit make/model: ..... )<br>(WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No)<br><input checked="" type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map<br><input type="checkbox"/> Online Mapper: ..... |  |
|   |           | X  |                      |                           |   |  |          |  |  |  |          |  |          |  |   |  |  |  |  |  |
| -- NW --  |           | -- NE --   |                      |                           |   |  |          |  |  |  |          |  |          |  |   |  |  |  |  |  |
|   |           |  |                      |                           |   |  |          |  |  |  |          |  |          |  |   |  |  |  |  |  |
| -- SW --  |           | -- SE --   |                      |                           |   |  |          |  |  |  |          |  |          |  |   |  |  |  |  |  |
|   | S         |  |                      |                           |   |  |          |  |  |  |          |  |          |  |   |  |  |  |  |  |
| <b>7 WELL WATER TO BE USED AS:</b><br>1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock<br>2. <input type="checkbox"/> Irrigation<br>3. <input type="checkbox"/> Feedlot<br>4. <input type="checkbox"/> Industrial<br>5. <input type="checkbox"/> Public Water Supply: well ID .....<br>6. <input type="checkbox"/> Dewatering: how many wells? .....<br>7. <input type="checkbox"/> Aquifer Recharge: well ID .....<br>8. <input type="checkbox"/> Monitoring: well ID .....<br>9. Environmental Remediation: well ID IAS-24<br><input checked="" type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction<br><input type="checkbox"/> Recovery <input type="checkbox"/> Injection<br>10. <input type="checkbox"/> Oil Field Water Supply: lease .....<br>11. Test Hole: well ID .....<br><input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical<br>12. Geothermal: how many bores? .....<br>a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical<br>b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water<br>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: .....<br>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 ..... <b>CASING JOINTS:</b> <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Threaded<br>Casing diameter ..... 2 in. to ..... 33 ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.<br>Casing height above land surface ..... 0 in. Weight ..... lbs./ft. Wall thickness or gauge No. 40.....<br><b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b><br><input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) .....<br><input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> None used (open hole)  |           |  |                      |                           |   |  |          |  |  |  |          |  |          |  |   |  |  |  |  |  |
| <b>SCREEN OR PERFORATION OPENINGS ARE:</b><br><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) .....<br><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)<br><b>SCREEN-PERFORATED INTERVALS:</b> From ..... 33 ft. to ..... 35 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.<br><b>GRAVEL PACK INTERVALS:</b> From ..... 28 ft. to ..... 35 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 .....<br>Grout Intervals: From ..... ft. to ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.<br><b>Nearest source of possible contamination:</b> No potential source of contamination within 200 ft.<br><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<br><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<br><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<br><input checked="" type="checkbox"/> Other (Specify) .Emr.Dry.Cleaner.....<br>Direction from well? North-northwest Distance from well? 60 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   | 9         | Lean Clay, silty, dk brn   |                      |                           |   |  |          |  |  |  |          |  |          |  |   |  |  |  |  |  |
| 9   | 13        | Sand, w/ clay, f, rd brn   |                      |                           |   |  |          |  |  |  |          |  |          |  |   |  |  |  |  |  |
| 13  | 35        | Sand, f to m to c, lt brn  |                      |                           |   |  |          |  |  |  |          |  |          |  |   |  |  |  |  |  |
|   |           |  |                      |                           |   |  |          |  |  |  |          |  |          |  |   |  |  |  |  |  |
|   |           |  |                      |                           |   |  |          |  |  |  |          |  |          |  |   |  |  |  |  |  |
|   |           |  |                      |                           |   |  |          |  |  |  |          |  |          |  |   |  |  |  |  |  |
|   |           |  | <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) 07/26/2019..... and this record is true to the best of my knowledge and belief.<br>Kansas Water Well Contractor's License No. 531..... This Water Well Record was completed on (mo-day-year) .05/04/2020.....<br>under the business name of .GSI Engineering, LLC.....<br>Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.<br>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.<br>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 |
|  | DATE: 02-07-20 | PROJECT NUMBER: 1874118    |
|  | DRAWN BY: RN   | PROJECT MANAGER: SGE       |

FORMER FOUR SEASONS  
8947 WEST CENTRAL  
WICHITA, KANSAS  
KDHE #: C2-087-73100