

☒ Original Record ☐ Correction ☐ Change in Well Use

SVE-1

Well ID

1 LOCATION OF WATER WELL: County: Sedgwick		Fraction SW ¼ NE 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 8829-8903 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></td><td>X</td></tr><tr><td>-- NW --</td><td></td><td>-- NE --</td></tr><tr><td>W</td><td></td><td>E</td></tr><tr><td>-- SW --</td><td></td><td>-- SE --</td></tr><tr><td>S</td><td></td><td></td></tr></table> -----1 mile-----				X	-- NW --		-- NE --	W		E	-- SW --		-- SE --	S			4 DEPTH OF COMPLETED WELL:18..... ft. Depth(s) Groundwater Encountered: 1) ft. 2) ft. 3) ft., or 4) <input checked="" type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: ft. <input type="checkbox"/> below land surface, measured on (mo-day-yr)..... <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: ..10.25... in. to18... ft. and in. to ft.		5 Latitude:37.69239.....(decimal degrees) Longitude:97.44568.....(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: 6 Elevation: 1332.40.....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	
		X																		
-- NW --		-- NE --																		
W		E																		
-- SW --		-- SE --																		
S																				
7 WELL WATER TO BE USED AS: 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 type="checkbox"/> Monitoring: well ID 9. Environmental Remediation: well ID .SVE-1..... <input type="checkbox"/> Air Sparge <input checked="" 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):																				
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 diameter4..... in. to8..... ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface0..... 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 ..8.... ft. to18.... ft., From ft. to ft., From ft. to ft. GRAVEL PACK INTERVALS: From6.... ft. to18.... 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: From1..... ft. to6..... 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? Northwest..... Distance from well? 185..... ft.																				
10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS															
0	10	Lean Clay, silty, v dk brn to brn																		
10	11.5	Sand and Clay, f, lt brn, gry clay																		
11.5	18	Sand, vf, org brn to 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) 03/07/2019..... 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..... <div style="text-align: center; font-size: small;">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</div>																				



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	