WATER WELL RECORD Form WWC-5					Division of Water							
			ge in Well		Resources App. No.				/ell ID			
1 LOCATION OF WATER WELL: Use			Fraction		Section Number			Township Number				
County: Sedgwick NE 1/4 SE 1/4 SW 1/4 SE												
2 WELL OWNER: Last Name: ESAU First Natasha 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:												
Business: Address 745 N. Brown Thrush Lane direction from nearest town or intersection): If at owner's address, check here:												
Address	/45 N. E	TOWN THE USIN THANK										
City: Wichita State: Kansas ZIP. 67212												
3 LOCATI				^	_		05 60560					
WITH "	WITH "X" IN 4 DEPTH OF COMPLETED WELL: 79						ft. 5 Latitude: 37.69568 (decimal degrees) Longitude: -97.43128 (decimal degrees)					
SECTIO	SECTION BOX: Depth(s) Groundwater Encountered: 1)											
l I	1	WEIL'S STATIC WAT	5) π., of 4) ∟ FER LEVEL: 30	Dry Well		Horizontal Datum: ■ WGS 84 □ NAD 83 □ NAD 27 Source for Latitude/Longitude:						
			measured on (mo-day-yr		.				ne	,		
NIW	NIE	measured on (mo-day-yr)			ĕ Gr	☐ GPS (unit make/model: i.Phone) (WAAS enabled? ☐ Yes ☐ No)						
	-NWNE Labove land surface, measured on (mo-day-yr)					☐ Land Survey ☐ Topographic Map						
w	E	after hour	s pumpingg	pm	Online Mapper:							
0337	Well water was ft.											
afterhours			pumpinggpm			6 Floration: A Ground I aval GTOC						
L	×	Estimated Yield:	gpm		6 Elevation:ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ★ GPS ☐ Topographic Map							
1	S Bore Hole Diameter: 12						☐ Other					
1												
7 WELL WATER TO BE USED AS: 1. Domestic: 5. Public Water Supply: well ID 10. Oil Field Water Supply: lease												
1	or El adno mater deppty. West 15 tilliminimini						10. Oil Field Water Supply: lease					
	☐ Household 6. ☐ Dewatering: how many wells?											
. ==	☐ Livestock 7. ☐ Adulter Recharge: Well ID											
2. Irrigati												
	B. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Extraction					b) Open Loop Surface Discharge Inj. of Water						
4. 🗌 Industr	ial	Recovery										
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ■ No If yes, date sample was submitted:												
Water well disinfected? ■ Yes □ No												
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded												
Casing diameter 5												
Casing height above land surface												
TYPE OF SCREEN OR PERFORATION MATERIAL:												
☐ Steel ☐ Stainless Steel ☐ Fiberglass ■ PVC ☐ Other (Specify)												
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)												
SCREEN OR PERFORATION OPENINGS ARE:												
☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)												
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped 🔳 Saw Cut ☐ None (Open Hole)												
SCREEN-PERFORATED INTERVALS: From 50												
9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ■ Bentonite ☐ Other												
Grout Intervals: From												
Nearest source of possible contamination: □ Septic Tank □ Lateral Lines □ Pit Privy □ Livestock Pens □ Insecticide Storage												
☐ Septic		☐ Lateral Lin ☐ Cess Pool	es ☐ Pit Privy ☐ Sewage La	~~~		ivestock Pen	-	secticide pandone				
	ight Sewer L			goon		uel Storage ertilizer Stor						
Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well ☐ Other (Specify)												
Direction from well? West												
10 FROM	TO	LITHOLO	GIC LOG	FROM			LITHO. LOG (con		UGGIN	G INTERVALS		
0	3	topsoil		1				*				
3	22	clay						· · · · · · · · · · · · · · · · · · ·	- 3 -			
22		fine sand										
45	70	medium sand							ĺ			
							7 34 4 5 3	7741	-17			
				Notes:	-							
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was 🗷 constructed, 🗆 reconstructed, or 🗀 plugged												
under my j	urisdiction a	and was completed on (1	mo-day-year) 11/.05/.	2.0.2.1 aı	nd thi	is record is	true to the best	of my k	cnowled	ge and belief.		
Kansas Wa	ter Well Cor	tractor's License No	236 This Water	Well Reco	rd wa	as complete	d on (mo-day-yea	r) 11/8	3/2021	<u>L</u>		
under the b	ousiness nar	ne ofHarp.V\	lell and Pump Servic	æ	.Sign	nature	d S.Harp					
Mail 1 white copy along with a fee of \$5.00 for each constructed well to. Kansas Department of Health and Environment, 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.												
1		-					your records. Tele	-				
Visit us at http://www.kdheks_gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015												