VATER WELL RECORD Form WWC			VWC-5	Division of Wa				Well ID	
Original Record Co	orrection		in Well Use			es App. No. n Number	Township Nun		nge Number
1 LOCATION OF WAT	ER WEL	L:	Fraction SE 1/4 SW 1/4	SWIZ SV	117.	21	т 27 3	S R	1 🗀 E 🔳 W
County: SEDGWICK	* ** * *			C+	ot on Darrol	Address wh	ere well is locate	d (if unknow	n, distance and
WELL OWNER: Last I Business: MEADOWLA Address: 254 S ROBIN	N KD N KD	LT CARE	First: HOMES	dire	ction from near	rest town or int	ersection): If at own	ner's address	, check here: 🔳
Address: WICHITA		State: KS	ZIP: 67209	)					
	4 DEDTE	LOE COM	PLETED W	VELL:	130ft.	5 Latitude	37.68	017	(decimal degrees)
WITH "A" IN	Penth(s) Gr	oundwater I	Encountered:	1)	ft.	Longitu	da97.4	4211	(decimal degrees)
SECTION BOX:	Depth(s) Groundwater Encountered: 1)					Horizontal Datum: WGS 84 LI NAD 83 LI NAD 27			
N .	WELL'S STATIC WATER LEVEL:					Source for	or Latitude/Longiti	<u>ide:</u> I-PHONE	<u> </u>
	helow	land surface	, measured on	(mo-day-yr).		GPS	(unit make/model		 No)
NW NE	above land surface, measured on (mo-day-yr)					(WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map			
	Pump test data: Well water was ft. after hours pumping gpm					Onli	ne Mapper:		
W	Well water was ft.								
SW SE	after		s pumping		n	6 Elevation	on:	ft. □ Grou	nd Level 🔲 TOC
x	Estimated Yield:gpm					6 Elevation:ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ☐ GPS ☐ Topographic Map			
S	Bore Hole Diameter: 12 in. to 130 ft. and in. to ft.					Other			
mile	THE PLOTTER		in. to						
7 WELL WATER TO I	SE USED	AD: T Public W	ater Sunnly: v	vell ID		10. 🗆 Oil 1	Field Water Supply	7: lease	
<ol> <li>Domestic:</li> <li>☐ Household</li> </ol>	5. ☐ Public Water Supply: well ID					11. Test Hole: well ID			
Lawn & Garden	7 \ Aguifer Recharge: well ID					☐ Cased ☐ Uncased ☐ Geotechnical  12. Geothermal: how many bores?			
☐ Livestock	8. Monitoring: well ID					a) Closed Loop  Horizontal  Vertical			
2. 🗌 Irrigation	9. Environmental Remediation: well ID					b) Open Loop  Surface Discharge  Inj. of Water			
3. ☐ Feedlot		☐ Air Sparg ☐ Recovery		jection		13. ☐ Oth	er (specify):		
4. ☐ Industrial					es No	If yes, date	sample was subn	nitted:	
Was a chemical/bacter fological sample submitted to									
Water well disinfected? Yes No  8 TYPE OF CASING USED: Steel PVC Other									
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Gitted Clamped Wedge Casing diameter 5 in to 130 ft., Diameter in to ft. Casing diameter 12 in Weight 2.35 lbs./ft. Wall thickness or gauge No. SDR26 Casing height above land surface 12 in Weight 2.35 lbs./ft.									
Casing height above land surface									
TYPE OF SCREEN OR PERFORATION MATERIAL.									
Steel Stamless Steel Protegrate tile None used (open hole)									
Brass Convenience of									
I Congo Wronned   I Dilliou House Congo V									
Louvered Shutter Key Punched Wire Wrapped Saw Cut None (Open Hole)									
SCREEN-PERFORATED INTERVALS: From ft. to ft. c ft. c									
GRAVEL PACK INTERVALS: From									
9 GROUT MATERIAL: I Neat cement is cement grout in the first of the promise of of the prom									
Nearest source of possible	e contamin	ation:						nsecticide Sto	rage
☐ Septic Tank	L	Lateral Li		Pit Privy		Livestock Pe Fuel Storage		bandoned W	ater Well
☐ Sewer Lines	-	☐ Cess Pool ☐ Seepage l	·· [7	Sewage Lag Feedyard	П	Fertilizer Sto	rage C	il Well/Gas \	Well
Watertight Sewer Lin	ies I	T pechage i						<u>Φ</u>	
■ Watertight Sewer Lir  ☐ Other (Specify)  Direction from well? .EA	\$T		Dista	ance from we	11? .20.+	T	TITHO TOGGO	nt) or PITIG	GING INTERVAL
10 FROM TO		LITHOL	OGIC LOG		FROM	ТО	LITHU. LOG (CO	III.) OI I LOC	GIITO IITI
0 3	FOP SOIL	_							
3 28 0	CLAY	ID.							
20	FINE SAN	עוי							
12	CLAY FINE SAN	ND.							
00	FINE INT	O MEDIU	M SAND						1
110   130	1111-1111	J 1,1LD10			Notes:				
					T. 101.1	on 111011 11100	Constructed [	reconstru	cted, or nlugge
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year) 7-11-24									
under my jurisdiction and was completed on (mo-day-year) 712-24									
under my jurisdiction and was completed on (mo-day-year) 7-11-24									
Mail 1 white copy a	long with a fe	ee of \$5.00 fo	r each constructe	ed well to: Kai	isas Departmen	nt of Health and	ene for your records	au or water, G Telenhone 78	5-296-5524.
1000 SW Jackson S	St., Suite 420	i, Topeka, Kai	nsas 66612-1367	7. Mail one to	Water Well Ov KSA 82a-1	Which and return	one for your records.		vised 7/10/2015
Visit us at http://www.kdheks.gov/waterwell/index.html  KSA 82a-1212  Visit us at http://www.kdheks.gov/waterwell/index.html									