WATER V			. ,			on of Water					
Original I			e in Well Use		~~~~	es App. No.		Well II			
1 LOCATION OF WATER WELL: County: SEDGWICK			Fraction SE¼ SE¼ NW ¼	I	ectio	n Number 19	Township Num T 27 S		ange Number 1 □ E ■ W		
		st Name: BROWN	First: DENIS	Street or F	Street or Rural Address where well is located (if unknown, distance and						
Business:					lirection from nearest town or intersection): If at owner's address, check here:						
Address: 418 N LARK ST											
Address:		a. I/O	am 07040								
	<u>WICHITA</u>	State: KS	ZIP: 67212			,					
	4 DEPTH OF COMPLETED WELL:120						. 5 Latitude:				
WITH "X		Depth(s) Groundwater									
SECTION	BOX:		3) ft., or 4)			Horizon	tal Datum: WGS	84 □ NA	D 83 NAD 27		
N	TER LEVEL: 4	:2 ft.		Source f	or Latitude/Longitud	le:					
		below land surface	below land surface, measured on (mo-day-yr)8-12-24.				GPS (unit make/model: I-PHONE				
NW	NIE	above land surface	, measured on (mo-day	-yr)			(WAAS enabled?				
1	T. I.C.	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map					
w l 	E	after hours pumping gpm				Online Mapper:					
1 1 1	1 1	Well water was ft.]						
SW	SE _K -	after hours pumping gpm				6 Elevation:ft. Ground Level TOC					
		Estimated Yield:	gpm			Source: Land Survey GPS Topographic Map					
S		Bore Hole Diameter									
mile in. to ft.											
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID											
1. Domestic:			ater Supply: well ID								
_	Household 6. Dewatering: how many wells?										
	■ Lawn & Garden 7. ☐ Aquifer Recharge: well ID										
	Livestock 8. Monitoring: well ID										
	☐ Irrigation 9. Environmental Remediation: well ID										
3. ☐ Feedlot		☐ Air Sparg		Extraction							
4. 🗌 Industrial Recovery 🔲 Injection 13. 🗎 Other (specify):											
Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:											
Water well disinfected? Yes \(\sum \) No											
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded											
Casing diameter 5 in. to 120 ft., Diameter in. to ft. Casing height above land surface 12 in. Weight 2.35 lbs./ft. Wall thickness or gauge No. SDR26											
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 100 ft. to 120 ft., From ft. to ft., From ft. to ft.											
GRAVEL PACK INTERVALS: From											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
Grout Intervals: From 4 ft. to .24 ft., From ft. to ft., From ft. to ft.											
		le contamination:	Elnun:		Пτ	ivestock Pen	. I Indo	cticide Stor	roge,		
☐ Septic		☐ Lateral Lin	es ☐ Pit Privy ☐ Sewage I		_	ivestock rei uel Storage		ndoned Wa			
Sewer I		☐ Cess Pool						Well/Gas V			
I IN AICHIGH DOWG LINGS LI DOOPAGO I II											
Other (Specify) Direction from well? EAST Distance from well? 40+											
10 FROM	TO	LITHOLO	OGIC LOG	FROM		TO	LITHO. LOG (cont.)	or PLUG	GING INTERVALS		
0		TOP SOIL									
3		CLAY				-					
		FINE SAND									
18					\dashv						
38		CLAY FINE CAND		-	-+						
86		FINE SAND									
98	120	MEDIUM SAND		AT. /-							
	Notes:										
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged and this record is true to the best of my knowledge and belief.											
under my jurisdiction and was completed on (mo-day-year) 8-12-24											
I under the hyginess name of HARP WELL AND PUMP SERVICE INCSignature IQQU S. DARF											
Mail	1 white copy a	long with a fee of \$5.00 for e	ach constructed well to: It	Kansas Departi	nent c	of Health and I	Environment, Bureau of	f Water, GW	TS Section,		
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.											
Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015											