| | | | | | | State | |
|--|---|-------------------------|------------|------------------------------------|----------------------------------|-----------------------|--|
| WATER WELL R Original Record | | WWC-5 ge in Well Use | | vision of Water ources App. No. | | Well ID | |
| 1 LOCATION OF W | ATER WELL: | Fraction | Se | ction Number | Township Number | | |
| County: | gurck | SE" NW NE | 4324 | 26 | T 27 S | R 2 DE WW | |
| 2 WELL OWNER: teast Nature: Business: 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: Address: 1263, S. Siena CH direction from nearest town or intersection): If at owner's address, check here: | | | | | | | |
| City: Wich | lita State: K | ZIP: 6 - | | | | | |
| 3 LOCATE WELL | 4 DEPTH OF COM | PLETED WELL. | 14D 6 | E I atitud | 37.66974 | 69/ (decimal degrees) | |
| WITH "X" IN SECTION BOX: | Depth(s) Groundwater Encountered: 1) 49 ft. Longitude: 97. 501040870 (decimal d | | | | | | |
| N SECTION BOX: | 2) ft. | 3) ft., or 4) | ☐ Dry Well | Datum: [| WGS 84 NAD | 83 NAD 27 | |
| | WELL'S STATIC WA | | | | Source for Latitude/Longitude: | | |
| NWNE | Pump test data: Well water was ft. | | | | ☐ GPS (unit make/model: | | |
| | | | | | I Survey Topograp | | |
| W E | after hours pumping | | | | | | |
| SWSE | after hours pumping | | | | | | |
| | Estimated Yield: 2.0. f. gpm Bore Hole Diameter: 1.2 in. to | | | | 6 Elevation:ft. Ground Level TOC | | |
| S | Bore Hole Diameter: | 2 in. to | ft. and | | | PS Topographic Map | |
| 1 mile in. to | | | | | | | |
| 1. Domestic: 5. Public Water Supply: well ID | | | | | | | |
| ☐ Household | 6. Dewatering: how many wells? 11. Test Hole: well ID | | | | | | |
| Lawn & Garden | 7. Aquifer Recharge: well ID | | | | | | |
| Livestock 2. Irrigation | 8. Monitoring: well ID | | | | | | |
| 3. Feedlot | ☐ Air Sparge ☐ Soil Vapor Extraction ☐ Surface Discharge ☐ Inj. of Water | | | | | | |
| 4. Industrial Recovery Injection 13. Other (specify): | | | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes 🏋 No If yes, date sample was submitted: | | | | | | | |
| 8 TYPE OF CASING USED: ☐ Steel ☐ Other | | | | | | | |
| Casing diameter | | | | | | | |
| Casing height above land surface | | | | | | | |
| ☐ Steel ☐ Stainless Steel ☐ Fiberglass ☑ PVC ☐ Other (Specify) | | | | | | | |
| ☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole) | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | | | |
| ☐ Continuous Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify) | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From 40 ft to 140 ft From ft to ft | | | | | | | |
| GRAVEL PACK INTERVALS: From 24. ft. to 140 ft., From ft. to ft., From ft. to ft. | | | | | | | |
| 9 GROUT MATERIAL; Neat cement Cement grout Bentonite Other | | | | | | | |
| Grout Intervals: From | | | | | | | |
| Nearest source of possible contamination: Septic Tank | | | | | | | |
| ☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well | | | | | | | |
| Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well | | | | | | | |
| Direction from well? Distance from well? | | | | | | | |
| 10 FROM TO | LITHQLO | | FROM | | | LUGGING INTERVALS | |
| 0 2 | Top Soul | | | | | | |
| 3 33 | Clay | | | | | | |
| 33 39 | med San | <u>a</u> | | | | | |
| 39 140 | Shale | | | | | | |
| | | | | | | | |
| | | | Notes: | <u> </u> | | | |
| | | | | | | | |
| 11 CONTRACTORIS OR LANDON/AMERIC CERTIFICATION OF THE CONTRACTORIST OF T | | | | | | | |
| 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) | | | | | | | |
| Kansas Water Well Contractor's Licensey No | | | | | | | |
| under the business name | of | rek. Lil. | ling. | | | | |
| INSTRUCTIONS: Send one copy to WATER WELL OWNER and retain one copy for your records. Submit fee of \$5.00 for each constructed well along with one (white) copy to Kansas 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/wateryelVindex.html KSA 82a-1212 Revised 9/10/2012 | | | | | | | |

Revised 9/10/2012