2/005

CORRETEO

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			Form \		Ι	Division of Wat	er	NA		
Original Record Correction			ection			Resources App. No.		Well ID		
1 LOCATION OF WATER WELL: Fraction					, .	NE 1/2 Section Number Township Number Range Number Township Number Range Number Range Number Range Number				
	y: Sedgwic			NE 14 NE 14 NE 14		23	1			
2 WELL OWNER: Lest Name: SALAZAR First: JAMIE Street or Rural Address where well is located (if unknown, distance a direction from nearest town or intersection): If at owner's address, check here										theck here: [Z]
Address: 14400 N FORREST VIEW Address:										
City:	WICHITA	\	State: KS	ZIP: 67235				**************************************		
3 LOCAT	E WELL	4 DEPTH	OF COM	PLETED WELL:	80	A 5 Latit	nde.	37.69226	31	(decimal degrees)
WITH "		Denth(s) Gr	nundwater	Encountered: 1)	34	Long	átude	97.4996	556	(decimal degrees)
	ON BOX:	2)	ft.	3) ft., or 4)	Dry Well			84 ZI NAL		
	N	WELL'S ST	TATIC WA	TER LEVEL:3	4 ft.			de/Longitude:		
		☐ below i	and surface	measured on (mo-day	-yr)		IPS (unit m	ake/model:)
NW	NE	Z above l	and surface	measured on (mo-day	-yr)			enabled?		(o)
	Ш.			rater was				☐ Topogra		
w	F	auta	well water was ft.			1 00	nume wahi	xar:,	••••••	
SW	SW SE after.			at hours pumping gpm			1343			
	Estimate			mated Yield:20gpm			6 Elevation: 1343 ft 🖸 Ground Level 🗍 TOC			Level TOC
i	S Bore H			ore Hole Diameter:12 in to80			Source: Land Survey GPS Topographic Ma			
The state of the s										
7 WELL WATER TO BE USED AS: 1. Domestic: 5. \(\triangle Public Water Supply: well ID										
1. Domestic		_	-	** *						
					g: how many wells?			ncased \square		
	Livestock 8. Monitoring: well ID						_	w many bores		
	☑ Irrigation 9. Environmental Remediation: w				D			☐ Horizonta		
	. ☐ Feedlot ☐ Air Sparge ☐ Soil Va				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 ☐ No										
8 TYPE OF CASING USED: Steel 12 PVC Other CASING JOINTS: 2 Glued Clamped Welded Threaded										
Casing diameter 5 in to 80 ft, Diameter in to ft, Diameter in to ft. Casing height above land surface 16 in Weight lbs/ft. Wall thickness or gauge No. 26										
TYPE OF SCREEN OR PERFORATION MATERIAL:										
Steel Stainless Steel Fiberglass DPVC 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 60										
SCREEN-PERFORATED INTERVALS: From										£
GRAVEL PACK INTERVALS: From 24 ft. to 80 ft., From ft. to ft. ft. from ft.										
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other. Grout Intervals: From 4. ft. to										
Negreet con	as: rrom	de contaminati	on-	. н., гюн	11. 10	11., FRAU		. IL 10	16	1
☐ Septic			Lateral Line	s 🔲 Pit Privy		Livestock Pe	ens	☐ Insectic	ide Storage	ŀ
Sewer Lines Cess Pool Z Sewage Lagoon Fuel Storage Abandoned Wi							ned Water V	Veli		
	ight Sewer L	ines 🛚 :	Seepage Pit	☐ Feedyard		Femilizer Sta	orage	Oil Wel	VGas Well	
Other (Direction from	(Specify)	ORTH		Distance from w	50			ft.		
10 FROM	TO TO	477717	THOLOG		FROM	TO			PI LICCINA	GINTERVALS
0	3	TOPSOIL	A I III VIAN	, LOG ,	I ACOIM	10	ZATITO. D	O (MIL) OI	LUUUUN	S ALTERNATURE OF
3	34	CŁAY		•	 					
34	49	FINE TO ME	D SAND			1				
49	56	CLAY			—					
56	80	FINE TO ME	D SAND							
					Notes:					
					<u></u>					
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was \(\big \) constructed, \(\big \) reconstructed, or \(\big \) plugged under my jurisdiction and was completed on \(\big \) day-year \(\big \) .5/21/2015 and this record is true to the best of my knowledge and belief.										
Kansas W	uisdiction a ster Well Co	entractor's Lin	ense No f	io-day-year) .2/2!/24 ill This W	eter Well 12	ecord was cord	is true to ti moleted on	ic oesi oi my	ar) 6/20/2	015
		Send one copy to	WATER W	ELL OWNER and retain	one for your i	ecords. Fee of S:	5.00 for each	constructed wel	I.	200 000 0000
KS Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., State 420, Topeka, Kansas 66612-1367. Telephone 785-296-3565. Visit us at http://www.kdhcks.cov/waterweil/index.html										