		RECORD		WWC-5			ivision of \						
				e in Well L			sources Ap			Well ID			
1 LOCATION OF WATER WELL: Fraction					Section Number Township Number					nge Number			
County: SEDGWICK NW¼ SW¼ SE¼													
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and													
Business: LIES-BUGNER HOMES Address: 1339 S BEBE, SUITE B direction from nearest town or intersection): If at owner's address, check he 1608 F FLK RIDGE AVE										check here:			
Address:													
City: WICHITA State: KS ZIP: 67209 GODDARD, KS 67052													
3 LOCAT		4 DEPTH	OF COM	DI ETET	WEII.	120	A 5 T	titudo	•		(4		
	WITH "X" IN SECTION BOY. Depth(s) Groundwater Encountered: 1)22												
SECTION BOX.													
WELL'S STATIC WATER LEVEL: 18						3 ft.	S		Latitude/Longitude		65 LI NAD 21		
■ below land surface, measured on (mo-day-ye						ут).01/04/20	r).01/04/2017						
above land surface, measured on (mo-day-yr							··· (WAAS enabled? Tyes No)						
Pump test data: Well water was ft.								☐ Land Survey ☐ Topographic Map					
W	Well water was ft.						[Online Mapper:					
SW	SW SE after hours pumping gpm												
	Estimated Yield:11gpm						6 Elevation:ft. Ground Level 🔲				i Level 🔲 TOC		
S Bore Hole Diameter:10.5				10.5 in.	in. to 120 ft. and			Source: Land Survey GPS Topographic Map					
1	mile			in.	to	ft.			Other				
7 WELL WATER TO BE USED AS:													
	1. Domestic: 5. Public Water Supply: well ID												
	☐ Household 6. ☐ Dewatering: how many wells?						. 11. <u>T</u>	11. Test Hole: well ID					
_	Lawn & Garden 7. Aquifer Recharge: well ID						. [] Cased	☐ Uncased ☐ C	eotechnica	ıl		
, —	☐ Livestock 8. ☐ Monitoring: well ID								al: how many bores				
3. Feedle	2. ☐ Irrigation 9. Environmental Remediation: well ID 3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor E.								Loop Horizont				
4. Indust			Recovery		Injection	xuacuon	13 🖺	b) Open Loop Surface Discharge Inj. of Water 13. Other (specify):					
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ■ No If yes, date sample was submitted:													
9 TVDE OF CASING USED: □ Steel ■ BVC □ Other													
Casing diameter 5 in to 120 ft Diameter in to ft Diameter in to ft Diameter in to ft Diameter													
8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other													
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 .30													
GRAVEL PACK INTERVALS: From													
Grout Inters	vals: From	3 H to	23	4 From	out E Be	ntonite 🔲	Omer	om	A to	₽	•••••		
		le contaminatio		. i, Fiom .		L 10	II., FI	ош	IL 10	14-			
☐ Septic			ateral Lines		Pit Privy	Г	Livestock	Pens	☐ Insectic	ide Storage			
■ Sewer			ess Pool		Sewage Lag	goon [Fuel Stor	age	☐ Abando	_			
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well													
☐ Other (Specify) Direction from well? SOUTHEAST Distance from well? 43 ft.													
					nce from we					DI LICON	C D ITTO STATE		
10 FROM	TO 1	TOP SOIL	THOLOG	IC LUG		FROM	ТО	LIT	HO. LOG (cont.) or	PLUGGIN	GINTERVALS		
0		CLAY			· · · · · · · · · · · · · · · · · · ·	 							
16		FINE SAND				-		-					
24		SHALE											
47	120	OI IALL											
	 					 	 	-					
				······		Notes:							
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged													
under my i	urisdiction a	nd was comple:	ted on (mo	n-day-year	r) 01/04/2	017 and	this reco	rd ie t r u	e to the heathf my	e knowledo	re and belief		
Kansas Wa	ter Well Co	ntractor's Licen	se No. 88	34	This Wat	er Well Re	cord was	comple	ted of (mo day fe	af) 01/09	20.17		
under the b	usiness nam	e of W⊫NING	EK URIL	TING IT	<u>(</u>	S	ignature						
Mail I 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.													
		s.gov/waterwell/ind		0012-130/.		KSA 82a-1		ui one ioi	your records. Telepho		5524. 7/10/2015		