WATER '				WWC-5	D	ivision of Wa	iter													
	Correction				Resources App. No.			Well ID	<u> </u>											
1 LOCATION OF WATER WELL: County: SEDGWICK			Fraction				Township Numb		ige Number											
				SE¼ NE¼ SE½																
2 WELL C			e	First:		et or Rural Address where well is located (if unknown, distance and ion from nearest town or intersection): If at owner's address, check here:														
									r's address,	check here: 🔛										
Address:	1 340 44 14	OKTITAVINAL	/ STE 100	,		601 W HUNTERS VIEW ST														
City:	WICHITA		State: KS	ZIP: 67205	WICHITA	KS 67235														
3 LOCATE		A DEPTH	OF CON	IPLETED WELL:	60	A 5 1 04	4			<i>(</i> 1										
WITH "X				Encountered: 1)		l l	5 Latitude:(decimal degrees) Longitude:(decimal degrees)													
SECTION N	N BOX:			3) ft., or 4)		Hori	Horizontal Datum: WGS 84 NAD 83 NAD 27													
I I		WELL'S ST	TATIC WATER LEVEL:			Som	Source for Latitude/Longitude:													
	ſ	below land surface, measured on (mo-day-yr).				"(一 一		(unit make/model:)										
NW	NE	above land surface, measured on (mo-day-yr).				1	(WAAS enabled? ☐ Yes ☐ No)													
		Pump test data: Well water was					☐ Land Survey ☐ Topographic Map ☐ Online Mapper:													
W	E	alter	Well water was ft.				Onlin	e Mapper:	• • • • • • • • • • • • • • • • • • • •											
sw	SE	after hours pumping gpm																		
		Estimated Yield:18±gpm					6 Elevation:ft. ☐ Ground Level ☐ TOC													
s		Bore Hole I	Bore Hole Diameter:10.5 in. to						☐ GPS ☐ Topographic Map											
	1 mile mile mile																			
7 WELL WATER TO BE USED AS:																				
1. Domestic:	-1d			ter Supply: well ID		10. Oil Field Water Supply: lease														
_				g: how many wells? echarge: well ID		11. Test Hole: well ID														
			g: well ID	12. Geo		nal: how many bore:														
	2. Irrigation 9. Environmenta								op Horizontal Vertical											
			e ☐ Soil Vapor	Vapor Extraction b) Open Loop ☐ Surface Dischar				ischarge 🔲	Inj. of Water											
4. 🔲 Industria	al		Recovery	☐ Injection	on 13. \square 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 ☐ PVC ☐ Other CASING JOINTS: ☐ Glued ☐ Clamped ☐ Welded ☐ Threaded																				
Casing diameter 5 in to 60 ft., Diameter in to ft., Diameter in to ft. Casing height above land surface 12 in. Weight lbs/ft. Wall thickness or gauge No. SDR-26																				
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 Puncbed ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)																				
SCREEN-PERFORATED INTERVALS: From .40 ft. to .60 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																				
Grout Intervals: Fromft. toft., Fromft. toft. The source of possible contamination:																				
Nearest source ☐ Septic T	-		on: Lateral Line	s 🔲 Pit Privy	ſ	Livestock I	Denc	☐ Insecti	cide Storage											
Sewer L			Cess Pool	☐ Sewage La		☐ Fuel Storag		_	oned Water											
■ Watertight Sewer Lines																				
☐ Other (Specify) Direction from well? SOUTH Distance from well? 12 ft.																				
10 FROM	TO		JTHOLO(ac log	FROM	TO		THO. LOG (cont.) or	PLUGGIN	G INTERVALS										
0 1		OP SOIL LAY				 	+	_												
		JLAT MED GRAVI	=1			+	+													
1) I	MED GIVAN	_F_			-	+													
	-					+	+													
							1													
					Notes:	<u>.</u> .														
1																				
					\neg															
11 CONTR	ACTOR'S	OR LANDO	OWNER'S	CERTIFICATIO	N: This wa	ter well was	■ c	onstructed, reco	onstructed.	or plugged										
under my jur	risdiction ar	id was compl	eted on (m	io-dav-vear) Q6/Q7/	2017 ar	d this record	l is tr	ue to the best of m	v knowled:	ge and belief										
Kansas Wate	er Well Con	tractor's Lice	ense No. Š GED DDI	84 This W	ater Well R	ecord was co	omph	ted on (mo-day-y	ear) 96/09	EZU.T										
Mail 1	white copy alo	ng with a fee of	\$5.00 for eac	h constructed well to: Ka	nsas Departme	orgnature	d Pav	ironment Rureau of W	ater GWT9	Section										
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.																				
										Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015										