WATER WELL R		m WWC-5		sion of Water					
Original Record		nange in Well Use		urces App. No.		Well ID			
1 LOCATION OF W		Fraction		ion Number	Township Number Range Number T 27 S R 2 □ E ■ W				
County: SEDGWI		SW ¼ SE ¼ SE ½	4 NE 1/4 11 T 27 Street or Rural Address where well is loc						
2 WELL OWNER: L	ast Name: SMITH	First: TINA	Street or Rur	al Address wh	ere well is located	(it unknown, 'e addrace i	distance and		
Business: Address: 1809 NORTH NICKELTON STREET direction from nearest town or intersection): If at owner's address, check here:									
Address:									
City: WICHITA	State:	KS ZIP: 67235	- 1		*****				
3 LOCATE WELL	4 DEPTH OF C	OMPLETED WELL:	60 fi	5 Latitude	·:		(decimal degrees)		
WITH "X" IN		ater Encountered: 1)			de:				
SECTION BOX:	2) ft	. 3) ft., or 4) [☐ Dry Well		ıl Datum: DWGS 84				
	WELL'S STATIC WATER LEVEL:28ft. ■ below land surface, measured on (mo-day-yr). 5/16/2018 □ GPS (unit ma								
					(unit make/model:				
NW NE	☐ above land surface, measured on (mo-day-yr)			(WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map					
W E							Tapper:		
1 ' 1 ' 1		Well water was ft.							
SW SE	afterl	after hours pumpinggpm							
	Estimated Yield:25±gpm 6 Elevation:ft. [
S		r: 10.5 in to 60		Source:					
	tt. U.								
7 WELL WATER TO 1. Domestic:		Water Supply: well ID		10 🗆 Oil E	eld Water Supply: le	ace			
☐ Household		tering: how many wells?			eid water Suppiy. ie e: well ID				
Lawn & Garden		er Recharge: well ID			☐ Cased ☐ Uncased ☐ Geotechnical				
Livestock	8. Monitoring: well ID								
2. Irrigation		9. Environmental Remediation: well ID a) C				losed Loop			
3. ☐ Feedlot	☐ Air Sparge ☐ Soil Vapor Extraction ☐ Dopen Loop ☐ Surface Discharge ☐ Inj. o								
4. Industrial	Recov	ery Injection			(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									
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 .45 ft. to 60 ft., From ft. to ft., From ft. to ft.									
GRAVEL PACK INTERVALS: From 24 ft. to 60 ft., From ft. to ft., From ft. to ft.									
9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☐ Bentonite ☐ Other									
Nearest source of possible contamination:									
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage									
☐ Sewer Lines	Cess Po			Fuel Storage		ned Water V			
■ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well									
☐ Other (Specify) Direction from well? .WEST Distance from well? .14 ft.									
10 FROM TO				TO Lí	π. ΓΗΟ. LOG (cont.) or	DLUGGIN	CINTEDVALS		
	TOP SOIL	LOGIC LOG	FROM	IO LI	THO. LOG (cont.) or	LUGGIN	JUNIERVALO		
	CLAY		+						
	MED SAND		+						
	0/1110		+						
									
			1						
			Notes:	i					
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, reconstructed, or plugged									
under my jurisdiction and was completed on (mo-day-year) .5/.16/2018 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 884 This Water Well Record was completed on (mo-day-year) .7/09/2018									
Kansas Water Well Cor	ntractor's License N	o. 884This W DRILLING, LLC	ater Well Reco	ord was compl	eted on (mo-day-ye KRUKPOWSKA	ar) .((U 9 /4	4M J.Q		
Mail 1 white copy alo	ong with a fee of \$5.00 for	or each constructed well to: Ka	nsas Department	of Health and Env	ironment, Bureau of Wa	ater, GWTS S	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			KSA 82a-121			Revised	7/10/2015		