		RECORD		WWC-5		Division of W					
		Correction		e in Well Use		esources App		Township Nt. 1	Well ID	N. 1	
1 LOCATION OF WATER WELL: Fraction SE 1/4 NE 1/4 SW						Section Number Township Number Range Number T 27 S R 2 E W					
2 WEI Busin	2 WELL OWNER: Last Name: First: Business: BRYAN LAGALY HOMES, INC Address:					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:					
	Address: 1517 NORTH OBSIDIAN CT. 1022 LIBE						RTY CIR., WICHITA, KS, 67235				
	3 LOCATE WELL 4 DEPTH OF COMPLETED WELL. 60 A									(1 : 11 )	
WITH "X" IN SECTION BOX:  Depth(s) Groundwater Encountered: 1)24							5 Latitude:				
SEC	N 2)						rizontal	Datum: LJ WGS 84	I □ NAD	83 NAD 27	
	WELL'S STATIC WATER LEVEL:						Source for Latitude/Longitude:				
NIX	above land surface, measured on (mo-day-yr)						☐ GPS (unit make/model:				
	Pump test data: Well water was						☐ Land Survey ☐ Topographic Map				
w	E after hours pumping							Mapper:	***************************************	• • • • • • • • • • • • • • • • • • • •	
sw	SW SE after hours pumping gpm										
		Estimated '	11.5 in to 60	o Elevation:ft.  Gro			☐ Ground	Level 🔲 TOC			
	S -1 mile		Sou	Source: Land Survey GPS Topographic Map Other							
1 mile  in. to											
1. Domes	tic:	5. [	] Public Wat	er Supply: well ID			Oil Fiel	d Water Supply: le	ase		
	☐ Household 6. ☐ Dewatering: how many wells?						11. Test Hole: well ID				
	■ Lawn & Garden         7. ☐ Aquifer Recharge: well ID           ☐ Livestock         8. ☐ Monitoring: well ID						Cased Uncased Geotechnical				
	☐ Irrigation 9. Environmental Remediation: well ID						12. Geothermal: how many bores?				
3.  Feed	3. Feedlot Air Sparge Soil Vapor Extraction						b) Open Loop  Surface Discharge  Ini. 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:											
Water well disinfected? ■ Yes □ No  8 TYPE OF CASING USED: □ Steel ■ PVC □ Other											
Casing diameter 5 in to 60 ft. Diameter in to ft. Diameter in to 4											
Casing diameter 5 in. to 60 ft., Diameter in. to ft., Diameter in. to ft., Diameter in. to ft. Wall thickness or gauge No. SDR-26											
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 40											
GRAVEL PACK INTERVALS: From											
Grout Intervals: From											
		ble contaminati		(T) Dia Dais		1.7.5		<b></b>			
□ Septic Tank       □ Lateral Lines       □ Pit Privy       □ Livestock Pens       □ Insecticide Storage         □ Sewer Lines       □ Cess Pool       □ Sewage Lagoon       □ Fuel Storage       □ Abandoned Water Well											
■ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well											
☐ Other (Specify) Direction from well? SOUTH Distance from well? 70 PLUS ft.											
10 FROM	TO TO	VV.I.(I	ITHOLOGI	Distance from we	FROM	TO	LITH	O. LOG (cont.) or P	LICCING	ENTERDATATIO	
0	2	TOP SOIL			-110111	1		20 5 (cont.) of 1	POGOTING	LILLENYALS	
2	24	CLAY									
24	40	MED SAND									
40	41	CLAY									
41	51	MED GRAVE									
51 59	59 60	GRAVEL CLAY			Notes:						
Ja	00	VEAT			110163:						
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) .7/31/2019 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) .9/20/2019											
under the	business nan	PKUKLAVY. to si	3には.ひはに	WNG. LLV	Si	gnature/	LOUL	alo knipa	eugh.		
Mail	1 white copy a	ong with a fee of \$	5.00 for each	constructed well to: Kans	as Department	of Health and	l Environ	ment, Bureau of Wate	r, GWTS Sec	tion,	
	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											