		RECORD Correction	Form V	WWC-5 e in Well Use		ision of Water ources App. No		Well ID	
1 LOCA	FION OF V	VATER WEL		Fraction	Sec	tion Number		er Range Number	
	y: SEDGW			NE 1/4 SE 1/4 SW 1		6	<u>T</u> 28 S		
	OWNER: RAIN PL			First:	1	reet or Rural Address where well is located (if unknown, distance and ection from nearest town or intersection): If at owner's address, check here:			
Address: Address:	2721 EA		אופס י			722 SOUTH LARK LANE, WICHITA, KS			
City:									
3 LOCAT		4 DEPTH	OF COM	PLETED WELL:	50 ft	5 Latitud	de:	(decimal degrees)	
	SECTION BOX:					Longit	ude:	(decimal degrees)	
1	2) ft. 3) ft., or 4) □ Dry Well WELL'S STATIC WATER LEVEL:						Horizontal Datum: WGS 84 INAD 83 INAD 27 Source for Latitude/Longitude:		
		below la	below land surface, measured on (mo-day-yr)8/29/1					·	
NV' ·-	NE	Description of the surface, measured on (mo-day-yr) Pump test data: Well water was ft.				1	(WAAS enabled? Ves No) Land Survey Topographic Map		
w	*		after hours pumping gpm					артсмар	
sw	SE	after	Well water was ft. after hours pumping gpm						
		Estimated Yield: 20+gpm					6 Elevation:ft. Ground Level TOC Source: Land Survey GPS Topographic Map		
	S milel	Bore Hole D	Bore Hole Diameter:10.5 in. to					GPS 🔲 Topographic Map	
1 mile in. to ft. □ Other									
1. Domestic	Domestic: 5. Dublic Water Supply: well ID 10. Oil Field Water Supply: lease								
	Household 6. □ Dewatering: how many wells? Lawn & Garden 7. □ Aquifer Recharge: well ID						11. Test Hole: well ID		
□ Livest	Livestock 8. Monitoring: well ID						12. Geothermal: how many bores?		
 2. □ Irrigat 3. □ Feedle 						a) Closed Loop Horizontal Vertical b) Open Loop Surface Discharge Inj. of Water			
$3. \square$ Industrial \square Recovery \square Injection $13. \square$ 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									
Casing height above land surface									
TYPE OF SCREEN OR PERFORATION MATERIAL: □ 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 ft. to .50 ft., From ft. to ft. From ft. to ft.									
GRAVEL PACK INTERVALS: From									
Grout Intervals: From									
Nearest source of possible contamination:									
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)									
10 FROM	TO	L	ITHOLOG		FROM			PLUGGING INTERVALS	
0	1 18	TOP SOIL CLAY							
18	42	MED GRAVEL							
42	50	CLAY							
·····					Notes:	I			
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) .8/29/17 and this record is true to the best of my knowledge and belief.									
Kansas Water Well Contractor's License No. 884									
Mail 1 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 KSA 82a-1212 Revised 7/10/2015									