WATER	WELL F	RECORD	Form	WWC-5		Divisi	ion of Wate	er					
Origina	Record [] Correction	☐ Chang	ge in Well Use	Re	esour	rces App. N	lo. I		Well ID			
1 LOCATION OF WATER WELL: Fraction						Section Number Township Number Range Number							
County	4 NW ¼ 11 T 28 S R 1 □ E ■ W												
2 WELL Business: Address:	ast Name: R PROPERT	Y MANA	First: GMENT		treet or Rural Address where well is located (if unknown, distance and irection from nearest town or intersection): If at owner's address, check here:								
Address: Address: City:	3247 SOL	3247 SOUTH BLUE LAKES CT., WICHITA, KS, 67215											
3 LOCAT	<u>WICHITA</u> E WELL	1	MPLETED WELL:	60	fi	5 Latitude:(decimal degrees)							
1	Denth(c) Groundwater Encountered: 1)												
SECTION	3) ft., or 4)			Horizontal Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27									
	· · · · · · · · · · · · · · · · · · ·		WELL'S STATIC WATER LEVEL: ft.					Source for Latitude/Longitude:					
		below land surface, measured on (mo-day-yr)											
NW	NE	1 —	above land surface, measured on (mo-day-yr)				(
1,,,	Pump test data: Well water was												
W	• • •	unter	water was			Onnie Wapper							
SW	SE	after	. gpm	pm 6 Flavotion 4 Cround Lovel C					d Lavel D TOC				
Ll		Estimated Y	ield:	gpm			6 Elevation:ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ☐ GPS ☐ Topographic Map						
	S nilel	Bore Hole	Diameter:10.5 in. to60 ft. and				Other						
1 mile in. to ft. Uther													
1. Domestic				ater Supply: well ID			10. □ Oi	il Fie	eld Water Supply: 1	ease			
House			6. Dewatering: how many wells?										
Lawn	& Garden	7.	7. Aquifer Recharge: well ID				🔲 Cased 🔲 Uncas				sed Geotechnical		
. —	☐ Livestock 8. ☐ Monitoring: well ID								ial: how many bore				
	2. ☐ Irrigation 9. Environmental Remediation: well ID 3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Extra						a) Closed Loop Horizontal Vertical						
3. Feedlo		_		Soil Vapor Extraction			b) Open Loop Surface Discharge Inj. of Water						
4. Industrial Recovery Injection 13. Other (specify):													
Was a chemical/bacteriological sample submitted to KDHE? /es 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 ft													
Casing diameter 5 in to 60 ft., Diameter in to ft., Diameter in to ft., Diameter in to SDR-26 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													
9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ■ Bentonite ☐ Other													
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													
☐ Other (Specify)													
10 FROM	TO]	LITHOLO	GIC LOG	FROM		TO		THO. LOG (cont.) o		G INTERVALS		
0		TOP SOIL				\perp							
1		CLAY											
6		MED GRAV											
55	60	CLAY/SHAL	.E			4							
	ļ					\perp							
					NT 4								
					Notes:								
WELL ONLY													
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) .8/24/2018 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) 9/17/2018													
under the b	usiness nam	e of .WENIN	iger dr	ILLING LLC		Sign	nature	MAR	esha Keqykrowsk	í			
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.													
		t., Suite 420, To s.gov/waterwell/		5 00012-1367. Mail one to	Water Well C -KSA 82a			one fo	or your records. Telepl		-5524. 1 7/10/2015		
visit us at fitt	J.// WWW.KUHCK	s.guv/ water well/	MINION, III		17071 04a	1414	4			IXCV ISEU	1 // IU/4UI3		