WATER				WWC-5			ion of Water				
Original				ge in Well Use			rces App. No		Well		
1 LOCAT		Fraction	1					Range Number			
County		784481	SE¼ NE¼ S		NE¼ 11 T 28 S R 1 ☐ E X W  reet or Rural Address where well is located (if unknown, distance and						
	)WNER: L	ast Name: GU	ZIVIAN	First: RUBEN	Street or Kura	et or Rural Address where well is located (if unknown, distance and etion from nearest town or intersection): If at owner's address, check here:					
Business: Address: 1026 N. MATHEWSON AVE. direction from nearest town or inters 3461 S. SABIN CT.									onnor a audit	, emont note	
Address:							CHITA, KS 67215				
City:	WICHITA	T	State: KS	ZIP: 67214			1				
3 LOCATE				APLETED WE			5 Latitu	de:37.6	3215	(decimal degrees)	
	WITH "X" IN SECTION BOX:  Depth(s) Groundwater			Encountered: 1).		ft.	Longitude: -97.39435 (decimal degrees)				
N N				3) ft., or			Source for Latitude/Longitude				
		WELL S S	WELL'S STATIC WATER LEVEL:				23 GPS (unit make/model: I-PHONE)				
NW	NIE	above	above land surface, measured on (mo-day-yr)				(WAAS enabled? ☐ Yes ☐ No)				
1444	X	Pump test data: Well water was ft.					☐ Land Survey ☐ Topographic Map				
w	E	after hours pumping gpm					☐ Online Mapper:				
sw	SE	Well water was ft. after hours pumping gpn									
		Estimated Vield: onm					6 Elevation:ft. Ground Level TOC				
S	3	Bore Hole Diameter:12 in. to40 f				. ft. and	nd Source:   Land Survey GPS Topographic Map				
1 m				in. to		ft.		☐ Other			
7 WELL WATER TO BE USED AS:											
				Water Supply: well IDring: how many wells?			10. ☐ Oil Field Water Supply: lease				
				Recharge: well ID			☐ Cased ☐ Uncased ☐ Geotechnical				
	☐ Livestock 8. ☐ Monitori				ig: well ID			12. Geothermal: how many bores?			
2. Irrigati	tal Remediation: v	well ID	D a) Closed Loop				Vertical				
	3. ☐ Feedlot ☐ Air Sparg					Extraction b) Open Loop  Surface Discha					
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 □ CASING IOINTS: ■ Gland □ Clamped □ Welded □ Threaded											
8 IYPE OF CASING USED: Steel Proc Steel Proc Steel Proc Steel Proc Steel Proc Steel Steel Proc Steel Proc Steel Proc Steel Steel Steel Proc Steel Stee											
Water well disinfected? ■ Yes □ No  8 TYPE OF CASING USED: □ Steel ■ PVC □ Other											
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 .30											
GRAVEL PACK INTERVALS: From											
9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☐ Bentonite ☐ Other											
				ft., From		It. to	tt., From	it. to		ι	
Nearest sou		ole contamina	i <b>tion:</b> l Lateral Lir	nes 🔲 Pit P	rivv	Π,	Livestock Pe	ns 🗆 I	nsecticide St	orage	
Sewer			Cess Pool	☐ Sewa	age La	goon 🔲	Fuel Storage		Abandoned W	Vater Well	
■ Watertight Sewer Lines											
Other (	(Specify)	T2		Distance f		 ₀112 <b>4∩'</b> +			A		
Direction from 10 FROM	om well? . F.!		TITUOT	OGIC LOG	tom M	FROM	TO	LITHO, LOG (co	ont.) or PLUC	GGING INTERVAL	
		TOP SOIL	THOIL	AGIC LOG		I KOIVI	10	(0.			
3		CLAY									
12		FINE SAND	)								
23	40	MEDIUM S									
	Notes:										
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) .10-20-2023 and this record is true to the best of my knowledge and belief.  Kansas Water Well Contractor's License No. 236											
Kansas Wa	ater Well Co	ontractor's L	icense No.	236 T	his W	ater Well Rec	ord was co	mpleted on (mo-	day-year) .1	10-23-2023	
under the b	ousiness nar	ne of HARE	<u> WELL A</u>	ND PUMP SEF	KVIÇE	JNCSi	gnature .T.C	DUU.S.HARP	ov of W-4 C	WTC Costion	
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.											
		St., Suite 420, 1 ks.gov/waterwe		as 00012-130/. IVIAI	1 OHE 10	KSA 82a-12	.12	one for your records.	Re	evised 7/10/2015	
v ion us at IIti	P.// ** ** **.KUIIC	TI TIGLOT WC									