		RECORD		WWC-5				sion of Water		Well ID		
1 LOCAT	Record	Change in Well Use				-	irces App. No ion Number	Township Numb				
County	SW 1/4 SW	'¼ SE ⅓		sw¼ 24 T 29 S R 2 □ E ■ V								
2 WELL				First:						(if unknown, distance and		
	Address							irection from nearest town or intersection): If at owner's address, check here:				
Address: 1815 SOUTH SOUTHWEST BLVD. City: WICHITA State: KS ZIP: 67213						1107 RED RIVER CIRCLE, CLEARWATER,KS, 67101						
3 LOCAT						60	۵		·····	······································		
	WITH "A" IN Depth(a) Groundwater Fr					PLETED WELL:60 ft. ncountered: 1) ft.			5 Latitude:(decimal degrees) Longitude:(decimal degrees)			
	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$						Dry Well Horizontal Datum: WGS 84 INAD 83 NAD 27					
		WELL'S ST	WELL'S STATIC WATER LEVEL:						or Latitude/Longitude			
			■ above land surface, measured on (mo-day-yr						S (unit make/model: (WAAS enabled?	)		
NW	NE	Pump test data: Well water was ft.				ft.		🗆 Lar	d Survey			
w	E	after	after hours pumping							••••		
SW	SE	after	Well water was ft. after hours pumping gpm									
X		Estimated Y	Estimated Yield: 20+gpm							. Ground Level TOC		
	S .	Bore Hole D	Bore Hole Diameter:				i	Source:  Land Survey  GPS  Topographic Map Other				
7 WELL WATER TO BE USED AS:         1. Domestic:       5.          Public Water Supply: well ID												
House		6. 🗆	6. Dewatering: how many wells?				11. Test Hole: well ID					
Lawn d			7. 🗌 Aquifer Recharge: well ID									
	□ Livestock       8. □ Monitoring: well ID         2. □ Irrigation       9. Environmental Remediation: well 1						a) Closed Loop [] Horizontal [] Vertical					
3. G Feedlo		Air Sparge				b) Open Loop 🔲 Surface Discharge 🗌 Inj. 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 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												
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 Seepage Pit Feedyard Fertilizer Storage Oil Well/Gas Well												
□ Other (Specify) Direction from well? WEST Distance from well? .16												
10 FROM	ТО	L	ITHOLO			FRO				r PLUGGING INTERVALS		
0	1	TOP SOIL										
1 30	30 55	CLAY MED GRAVI	=1						····			
55	55 60	SHALE	_L						······································			
		and the there				· · · · ·						
						Note	es:					
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) .3/.19/2018 and this record is true to the best of my knowledge and belief.												
under my ju Kansas Wa	urisdiction a	and was compl	eted on (n	no-day-year 384	r) .3/.19/2 This W	ullo	. and t	his record is	true to the best of m	y knowledge and belief.		
under the b	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 http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015												