

WATER WELL RECORD Form WWC-5

☒ Original Record ☐ Correction ☐ Change in Well Use

Division of Water
Resources App. No.

Well ID

1 LOCATION OF WATER WELL: County: SEDGWICK		Fraction NE ¼ SE ¼ SW ¼ SW ¼	Section Number 36	Township Number T 27 S	Range Number R 2 <input type="checkbox"/> E <input checked="" type="checkbox"/> W								
2 WELL OWNER: Last Name: First: Business: DON KLAUSMEYER CONST LLC Address: 10008 W YORK ST City: WICHITA State: KS ZIP: 67215			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: <input type="checkbox"/> 2302 S LIBERTY CIR WICHITA, KS 67235										
3 LOCATE WELL WITH "X" IN SECTION BOX: N <div style="border: 1px solid black; padding: 5px; text-align: center;"> <div style="display: flex; justify-content: space-between;"> W E </div> <table border="1" style="margin: 0 auto; text-align: center;"> <tr> <td> </td> <td> </td> </tr> <tr> <td>-- NW --</td> <td>-- NE --</td> </tr> <tr> <td>-- SW --</td> <td>-- SE --</td> </tr> <tr> <td> </td> <td> </td> </tr> </table> <div style="display: flex; justify-content: space-between;"> S </div> </div>				-- NW --	-- NE --	-- SW --	-- SE --			4 DEPTH OF COMPLETED WELL:120'..... ft. Depth(s) Groundwater Encountered: 1) ft. 2) ft. 3) ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL:42'..... ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr)1-24-25..... <input type="checkbox"/> above land surface, measured on (mo-day-yr)..... Pump test data: Well water was ft. after..... hours pumping gpm Well water was ft. after..... hours pumping gpm Estimated Yield: gpm Bore Hole Diameter:12'..... in. to120'..... ft. and in. to ft.		5 Latitude:37.65134.....(decimal degrees) Longitude:-97.49416.....(decimal degrees) Horizontal Datum: <input checked="" type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 Source for Latitude/Longitude: <input checked="" type="checkbox"/> GPS (unit make/model:PHONE.....) (WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Online Mapper:	
-- NW --	-- NE --												
-- SW --	-- SE --												
6 Elevation:ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC Source: <input type="checkbox"/> Land Survey <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other													

7 WELL WATER TO BE USED AS:

- | | | |
|--|--|---|
| 1. Domestic:
<input type="checkbox"/> Household
<input checked="" type="checkbox"/> Lawn & Garden
<input type="checkbox"/> Livestock
2. <input type="checkbox"/> Irrigation
3. <input type="checkbox"/> Feedlot
4. <input type="checkbox"/> Industrial | 5. <input type="checkbox"/> Public Water Supply: well ID
6. <input type="checkbox"/> Dewatering: how many wells?
7. <input type="checkbox"/> Aquifer Recharge: well ID
8. <input type="checkbox"/> Monitoring: well ID
9. Environmental Remediation: well ID
<input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction
<input type="checkbox"/> Recovery <input type="checkbox"/> Injection | 10. <input type="checkbox"/> Oil Field Water Supply: lease
11. Test Hole: well ID
<input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical
12. Geothermal: how many bores?
a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical
b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water
13. <input type="checkbox"/> 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 diameter5..... in. to120..... ft., Diameter in. to ft., Diameter in. to ft.
 Casing height above land surface12..... in. Weight2.35..... lbs./ft. Wall thickness or gauge No. SDR26.....

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 55..... ft. to 120..... ft., From ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From 24..... ft. to 120..... ft., From ft. to ft., From ft. to ft.

9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other
 Grout Intervals: From 4..... ft. to 24..... ft., From ft. to ft., From ft. to ft.

Nearest source of possible contamination:

- | | | | | |
|--|--|--|---|---|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Lateral Lines | <input type="checkbox"/> Pit Privy | <input type="checkbox"/> Livestock Pens | <input type="checkbox"/> Insecticide Storage |
| <input type="checkbox"/> Sewer Lines | <input type="checkbox"/> Cess Pool | <input type="checkbox"/> Sewage Lagoon | <input type="checkbox"/> Fuel Storage | <input type="checkbox"/> Abandoned Water Well |
| <input checked="" type="checkbox"/> Watertight Sewer Lines | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Feedyard | <input type="checkbox"/> Fertilizer Storage | <input type="checkbox"/> Oil Well/Gas Well |
| <input type="checkbox"/> Other (Specify) | | | | |

Direction from well? SOUTH Distance from well? 15..... ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	3	TOP SOIL			
3	52	CLAY			
52	58	MEDIUM SAND			
58	72	CLAY			
72	120	GRAY SHALE			
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) 1-24-25..... and this record is true to the best of my knowledge and belief.
 Kansas Water Well Contractor's License No. 236..... This Water Well Record was completed on (mo-day-year) 1-27-25.....
 under the business name of HARP, WELL AND PUMP SERVICE INC..... Signature TODD S. HARP.....

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>

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Revised 7/10/2015