WATER WELL RECORD Form WWC-5						Division of Water				Well ID		
Original Record Correction Change in Well Use						Resources App. No. Section Number T			Township Numbe		ige Number	
1 LOCATION OF WATER WELL: Fraction SW1/4 SW1/4 NW1/2							6 T 26 S R 1 E W					
2 WELL OWNER: Last Name: DE LA ROSA First: JOSE Street or Rural Address where well is located (if unknown, distance and												
Business:					dire	direction from nearest town or intersection): If at owner's address, check here:						
Address: Address:	940 S. ME	RIDIAN AV	E									
	VALLEY C		7									
3 LOCATE							(decimal degrees)					
	UCCATE WELL WITH "X" IN Depth(s) Groundwater Encountered: 1)							Longitude: -97.31734 71.33 (decimal degrees)				
SECTION BOX: 2)								Horizontal Datum: ■ WGS 84 □ NAD 83 □ NAD 27				
WELL'S STATIC WATER LEVEL:							Source	Source for Latitude/Longitude: GPS (unit make/model: I-PHONE)				
S _{NW} NE - □ above land surface, measured on (mo-day-y						.0-0-2020	■ GI					
Pump test data: Well water was ft.							ПТа	(WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map				
w	E after hours pumping gpm						Online Mapper:					
'	Well water was											
	Estimated Vield: onm						6 Elevation:ft. ☐ Ground Level ☐ TOC					
S	Bore Hole Diameter:12 in. to55 ft						Source		Land Survey 🔳 🤇			
1 mile in. to ft.												
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID												
1. Domestic: 5. ☐ Public Water Supply: well ID							10. 🔲 01 11 Test F	i riel Tole:	well ID	ase		
Lawn & Garden 1. Dewatering. How harry wens? 7. Aquifer Recharge: well ID							11. Test Hole: well ID					
	☐ Livestock 8. ☐ Monitoring: well ID						12. Geothermal: how many bores?					
	2. Irrigation 9. Environmental Remediation: well ID								Loop Horizont			
	3. Feedlot Air Sparge Soil Vapor E.						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:												
Y dict well distincted: ■ 165 ☐ 140 2 TVPE OF CASING USED: ☐ Steel ■ PVC ☐ Other CASING IOINTS: ■ Glued ☐ Clamped ☐ Welded ☐ Threaded												
Casing diameter												
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 40 ft. to 55 ft., From ft. to ft., From ft. to ft., From ft. to ft. GRAVEL PACK INTERVALS: From 24 ft. to 55 ft., From ft. to ft., From ft. to ft.												
GRAVEL PACK INTERVALS: From												
9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☐ Bentonite ☐ Other												
		le contaminat		, 2 2022			····,					
Septic '			Lateral Line				Livestock Pe			cide Storag		
Sewer			Cess Pool	☐ Sewage ☐ Feedyar			Fuel Storage Fertilizer Sto			oned Water		
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify)												
Direction fro	om well? .NO				well?				ft			
10 FROM	TO		LITHOLO			FROM	TO	LIT	HO. LOG (cont.) o	r PLUGGI	NG INTERVALS	
0	_	TOP SOIL										
3		CLAY FINE SAND	1		-+							
10 23		MEDIUM SAND			_							
52		GRAY SHA							_			
<u> </u>			_									
						Notes:			-			
A CONTRACTOR OF A AND ON A AND ON A DEPARTMENT OF THE PARTMENT												
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) 8-3-2023 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) 8-4-2023 under the business name of HARP WELL AND PUMP SERVICE, INC. Signature Todd S. Harp												
under the business name of HARP WELL AND PUMP SERVICE, INC. Signature												
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, GW 18 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.												
		s., Suite 420, 10			K	SA 82a-12	212			Revise	ed 7/10/2015	