

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 SE 1/4 SE 1/4 NE 1/4 NW 1/4	Section Number 7	Township Number T 27 S	Range Number R 1 E W
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2 WELL OWNER: Last Name: **JOHNSON** First: **Thumper**
 Business: _____
 Address: **11207 W. Westlawn St.**
 Address: _____
 City: **Wichita** State: **Kansas** ZIP: **67212**
 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:

<p>3 LOCATE WELL WITH "X" IN SECTION BOX:</p> <p style="text-align: center;">N</p> <table style="margin: auto; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 5px;">NW</td> <td style="border: 1px solid black; padding: 5px; text-align: center;">X</td> <td style="border: 1px solid black; padding: 5px;">NE</td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;">SW</td> <td style="border: 1px solid black; padding: 5px;"></td> <td style="border: 1px solid black; padding: 5px;">SE</td> </tr> </table> <p style="text-align: center;">S</p> <p style="text-align: center;"> -----1 mile----- </p>	NW	X	NE	SW		SE	<p>4 DEPTH OF COMPLETED WELL: 75..... ft.</p> <p>Depth(s) Groundwater Encountered: 1) ft. 2) ft. 3) ft. or 4) <input type="checkbox"/> Dry Well</p> <p>WELL'S STATIC WATER LEVEL: 28..... ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) 06/06/23 <input type="checkbox"/> above land surface, measured on (mo-day-yr).....</p> <p>Pump test data: Well water was ft. after..... hours pumping gpm Well water was ft. after..... hours pumping gpm</p> <p>Estimated Yield:gpm Bore Hole Diameter: 12..... in. to 75..... ft. and in. to ft.</p>	<p>5 Latitude: 37.71929.....(decimal degrees) Longitude: -97.47227.....(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: I-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:</p> <p>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</p>
NW	X	NE						
SW		SE						

7 WELL WATER TO BE USED AS:

1. Domestic: <input type="checkbox"/> Household <input checked="" type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock	5. <input type="checkbox"/> Public Water Supply: well ID	10. <input type="checkbox"/> Oil Field Water Supply: lease
2. <input type="checkbox"/> Irrigation	6. <input type="checkbox"/> Dewatering: how many wells?	11. Test Hole: well ID
3. <input type="checkbox"/> Feedlot	7. <input type="checkbox"/> Aquifer Recharge: well ID	<input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical
4. <input type="checkbox"/> Industrial	8. <input type="checkbox"/> Monitoring: well ID	12. Geothermal: how many bores?
	9. Environmental Remediation: well ID	a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical
	<input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction	b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water
	<input type="checkbox"/> Recovery <input type="checkbox"/> Injection	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 diameter **5**..... in. to **7.5**..... ft., Diameter in. to ft., Diameter in. to ft.
 Casing height above land surface **12**..... in. Weight ... **2.35**..... 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 **5.5**..... ft. to **7.5**..... ft., From ft. to ft., From ft. to ft.
 GRAVEL PACK INTERVALS: From **2.4**..... ft. to **7.5**..... 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? **40**.....ft. plus..... ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	3	topsoil			
3	27	clay			
27	46	fine sand			
46	70	medium sand			
70	75	clay			
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) **06/06/2023**, 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) **6/10/2023**..... under the business name of **Harp Well and Pump Service**..... Signature **Todd S Harp**.....