| | WELL B | | WWC-5 | | Division of Water | | | | |
|--|--|---|--------------------|----------------|--|--|--|--|--|
| | l Record | | ge in Well | | ources App. No. | | Well ID | | |
| | 1 LOCATION OF WATER WELL: Use Fraction | | | | ction Number | Township Numb | | | |
| County | :Sedgwic | k | NW 1/4 SE 1/4 NW 1 | | | T 27 S | R 2 ■ E □ W | | |
| 2 WELL | | | First: | | | | (if unknown, distance and | | |
| | | ER CONSTRUCTION | LLC | direction from | rection from nearest town or intersection): If at owner's address, check here: | | | | |
| Address: 10008 W. York Address: | | | | | | | | | |
| | City: Wichita State: Kansas ZIP: 67215 | | | | | le Goddard, | Kansas 67052 | | |
| | 3 LOCATE WELL A DEPTH OF COMPLETED WELL 65 | | | | | 27 66006 | (1 : 11) | | |
| | 4 DEPTH OF COMPLETED WELL: 65 | | | | | | | | |
| | SECTION BOX: Depth(s) Groundwater Encountered: 1) | | | | | | | | |
| N | N | | | | | Source for Latitude/Longitude: | | | |
| | ■ below land surface, measured on (mo-day-yr). 2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2. | | | | | 2. GPS (unit make/model: iPhone | | | |
| NW | above land surface, measured on (mo-day-yr) | | | | (WAAS enabled? Yes No) | | | | |
| | Pump test data: Well water was ft. | | | | □Lan | ☐ Land Survey ☐ Topographic Map | | | |
| w | E after hours pumping gpm | | | | Online Mapper: | | | | |
| ×w | SE | Well v | | | | | | | |
| SW | 1 | after hours pumping gpm | | | 6 Elevation:ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ■ GPS ☐ Topographic Map | | | | |
| | S. | Estimated Yield:gpm Bore Hole Diameter: 12in. to 65ft. ar | | | | | | | |
| | S mile | 1 | | Other | | | | | |
| The state of the s | | | | | | | | | |
| 7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID | | | | | | | | | |
| ☐ House | | | | | 11. Test Hole: well ID | | | | |
| | ☐ Household 6. ☐ Dewatering: how many wells? | | | | | ☐ Cased ☐ Uncased ☐ Geotechnical | | | |
| | ☐ Livestock 8. ☐ Monitoring: well ID | | | | | 12. Geothermal: how many bores? | | | |
| 2. Irrigat | ☐ Irrigation 9. Environmental Remediation: well ID | | | | | a) Closed Loop | | | |
| | | | | | | 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 O | F CASING | USED: ☐ Steel ■ PV | /C Other | CA | SING JOINTS: | ■ Glued □ Clampe | d □ Welded □ Threaded | | |
| Casing diameter 5 | | | | | | | | | |
| Casing height above land surface | | | | | | | | | |
| 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) | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From 40 ft. to 65 ft., From ft. to ft. o ft. | | | | | | | | | |
| GRAVEL PACK INTERVALS: From 24 | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | | |
| Grout Intervals: From4 | | | | | | | | | |
| Nearest source of possible contamination: | | | | | | | | | |
| □ Septic Tank □ Lateral Lines □ Pit Privy □ Livestock Pens □ Insecticide Storage | | | | | | | | | |
| ☐ Sewer | | ☐ Cess Pool | | | Fuel Storage | | loned Water Well | | |
| ■ Watertight Sewer Lines | | | | | | | | | |
| Other (Specify) Direction from well? West Distance from well? 7.0 . ft . plus ft. | | | | | | | | | |
| | | | | | T . | | DIVIO DI | | |
| 10 FROM | ТО | LITHOLO | GIC LOG | FROM | TO I | TTHO. LOG (cont.) o | or PLUGGING INTERVALS | | |
| 0 | | topsoil | | | | | | | |
| 3 28 | | clay | | | | | | | |
| 35 | | fine sand | | | | | | | |
| 45 | 65 | medium sand | | | | | | | |
| 45 | 65 | gray shale | | | - | | | | |
| | | | | | | | | | |
| Notes: | | | | | | | | | |
| | | | | | | | | | |
| 11 CONTRACTORIS OR LANDOWNERS CERTIFICATION TO 1 | | | | | | | | | |
| 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) 02/08/2022, and this record is true to the best of my knowledge and belief | | | | | | | | | |
| under my jurisdiction and was completed on (mo-day-year) 02/.08/.2022 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) 2/.10/.2022 | | | | | | | | | |
| under the business name of Harp Well and Pump Service Signature Jodd 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 KSA 82a-1212 Revised 7/10/2015 | | | | | | | | | |