

☒ Original Record    ☐ Correction    ☐ Change in Well Use

Well ID

<b>1 LOCATION OF WATER WELL:</b> County: SEDGWICK	Fraction SW ¼ NW ¼ SE ¼ SE ¼	Section Number 35	Township Number T 27 S	Range Number R 2 <input checked="" type="checkbox"/> E <input type="checkbox"/> W
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2	<b>WELL OWNER:</b> Last Name:		First:	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"/>
	Business:	MIKE LOVE CONSTRUCTION		
	Address:	1501 BROADBECK DR		14104 E WILLOWGREEN CT
	Address:			WICHITA, KS 67230
	City:	PARK CITY	State: KS ZIP: 67219	

<p><b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b></p> <p style="text-align: center;">N</p> <table border="1" style="width: 100%; height: 100px; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 50%;">-- NW --</td> <td style="width: 50%;">-- NE --</td> </tr> <tr> <td style="width: 50%;">-- SW --</td> <td style="width: 50%;">-- SE --</td> </tr> </table> <p style="text-align: center;">S</p> <p style="text-align: center;">W                      E</p> <p style="text-align: center;">----- 1 mile -----</p>	-- NW --	-- NE --	-- SW --	-- SE --	<p><b>4 DEPTH OF COMPLETED WELL:</b> ..... 115 ..... ft.</p> <p>Depth(s) Groundwater Encountered: 1) ..... ft.</p> <p>2) ..... ft. 3) ..... ft., or 4) <input type="checkbox"/> Dry Well</p> <p><b>WELL'S STATIC WATER LEVEL:</b> ..... 46 ..... ft.</p> <p><input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) ..... 8-16-24 .....</p> <p><input type="checkbox"/> above land surface, measured on (mo-day-yr) .....</p> <p>Pump test data: Well water was ..... ft.</p> <p>after ..... hours pumping ..... gpm</p> <p>Well water was ..... ft.</p> <p>after ..... hours pumping ..... gpm</p> <p>Estimated Yield: ..... gpm</p> <p>Bore Hole Diameter: ..... 12 ..... in. to ..... 115 ..... ft. and</p> <p>..... in. to ..... ft.</p>	<p><b>5 Latitude:</b> ..... 37.65294 ..... (decimal degrees)</p> <p><b>Longitude:</b> ..... -97.17556 ..... (decimal degrees)</p> <p><u>Horizontal Datum:</u> <input checked="" type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27</p> <p><u>Source for Latitude/Longitude:</u></p> <p><input checked="" type="checkbox"/> GPS (unit make/model: ..... I-PHONE .....)</p> <p>(WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No)</p> <p><input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map</p> <p><input type="checkbox"/> Online Mapper: .....</p>
-- NW --	-- NE --					
-- SW --	-- SE --					
<p><b>6 Elevation:</b> ..... ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC</p> <p><u>Source:</u> <input type="checkbox"/> Land Survey <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Topographic Map</p> <p><input type="checkbox"/> Other .....</p>						

**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 ..... <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical
3. <input type="checkbox"/> Feedlot	7. <input type="checkbox"/> Aquifer Recharge: well ID .....	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
4. <input type="checkbox"/> Industrial	8. <input type="checkbox"/> Monitoring: well ID .....	13. <input type="checkbox"/> Other (specify): .....
	9. Environmental Remediation: well ID ..... <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection	

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 ..... 115 ..... 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 20 ..... ft. to 115 ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
**GRAVEL PACK INTERVALS:** From 24 ..... ft. to 115 ..... 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? 11 ..... ft.

[illegible]

**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) 8-16-24..... 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) 8-19-24..... 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>

KSA 82a-1212

**Revised 7/10/2015**