

**WATER WELL RECORD Form WWC-5**

Division of Water Resources App. No.                      Well ID                     

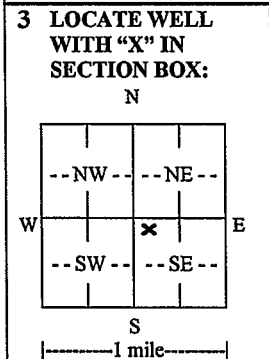
Original Record    Correction    Change in Well

**1 LOCATION OF WATER WELL:** Use            Fraction SE 1/4 NW 1/4 SE 1/4 Section Number 1 Township Number T 29 S Range Number R 1 E  W

County: **Sedgwick**

**2 WELL OWNER:** 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:

Business: **KLAUSMEYER CONSTRUCTION LLC**  
 Address: **10008 W. York St.**  
 City: **Wichita** State: **Kansas** ZIP: **67215**      **616 S. Cattail Haysville, Kansas 67060**



**4 DEPTH OF COMPLETED WELL:** 70..... ft.

Depth(s) Groundwater Encountered: 1) ..... ft.  
 2) ..... ft. 3) ..... ft., or 4)  Dry Well

WELL'S STATIC WATER LEVEL: 28..... ft.

below land surface, measured on (mo-day-yr) **11/12/21**.  
 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. to **70**..... ft. and ..... in. to ..... ft.

**5 Latitude:** 37.55523.....(decimal degrees)  
**Longitude:** -97.37829.....(decimal degrees)  
 Horizontal Datum:  WGS 84    NAD 83    NAD 27  
 Source for Latitude/Longitude:  
 GPS (unit make/model: **iPhone**.....)  
 (WAAS enabled?  Yes    No)  
 Land Survey    Topographic Map  
 Online Mapper: .....

**6 Elevation:** .....ft.    Ground Level    TOC  
 Source:  Land Survey    GPS    Topographic Map  
 Other .....

**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 ..70..... 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. **SDR-2.6**.....

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 50..... ft. to 70..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
 GRAVEL PACK INTERVALS: From 24..... ft. to 70..... 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:  
 Septic Tank    Lateral Lines    Pit Privy    Livestock Pens    Insecticide Storage  
 Sewer Lines    Cess Pool    Sewage Lagoon    Fuel Storage    Abandoned Water Well  
 Watertight Sewer Lines    Seepage Pit    Feedyard    Fertilizer Storage    Oil Well/Gas Well  
 Other (Specify) .....

Direction from well? **East**..... Distance from well? **50..ft..plus**..... ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	3	topsoil			
3	28	clay			
28	40	fine sand			
40	65	medium sand			
65	70	gray shale			

**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) **11/12/2021**, 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) **11/15/2021**.... under the business name of ..... **Harp Well and Pump Service**..... Signature: **Jedd 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