

WATER WELL RECORD Form WWC-5

Division of Water

 Original Record Correction Change in Well UseResources App. No. Well ID

1 LOCATION OF WATER WELL: County: Sedgwick		Fraction SE 1/4 NW 1/4 NE 1/4	Section Number 5	Township Number T 29 S	Range Number R 1 E W								
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: <input type="checkbox"/> Business: 777 Grand LLC Address: 3500 N. Rock Rd. Address: Bldg 1000 City: Wichita State: Kansas ZIP: 67226 268 E. Copper Tail Ln. Haysville, Kansas 67060													
3 LOCATE WELL WITH "X" IN SECTION BOX: N <table border="1" style="width:100%; height:100%; text-align:center;"><tr><td> </td><td>X</td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table> W E S -----1 mile-----		X								4 DEPTH OF COMPLETED WELL: 40 ft. Depth(s) Groundwater Encountered: 1)..... ft. 2)..... ft. 3)..... ft. or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: 13 ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) 10/11/23 <input type="checkbox"/> 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 40 ft. and in. to..... ft.		5 Latitude: 37.56340(decimal degrees) Longitude: -97.34147(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:.....	
		X											
7 WELL WATER TO BE USED AS: 1. Domestic: <input type="checkbox"/> Household <input checked="" type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock 2. <input type="checkbox"/> Irrigation 3. <input type="checkbox"/> Feedlot 4. <input type="checkbox"/> Industrial 5. <input type="checkbox"/> Public Water Supply: well ID..... 6. <input type="checkbox"/> Dewatering: how many wells?..... 7. <input type="checkbox"/> Aquifer Recharge: well ID..... 8. <input type="checkbox"/> Monitoring: well ID..... 9. Environmental Remediation: well ID..... <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection 10. <input type="checkbox"/> Oil Field Water Supply: lease..... 11. Test Hole: well ID..... <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical 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 13. <input type="checkbox"/> Other (specify):.....		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.....											
Was a chemical/bacteriological sample submitted to KDHE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, date sample was submitted:..... Water well disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No													
8 TYPE OF CASING USED: <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other..... CASING JOINTS: <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded Casing diameter..... 5 in. to 40 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: <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify)..... <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Concrete tile <input type="checkbox"/> None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: <input type="checkbox"/> Continuous Slot <input checked="" type="checkbox"/> Mill Slot <input type="checkbox"/> Gauze Wrapped <input type="checkbox"/> Torch Cut <input type="checkbox"/> Drilled Holes <input type="checkbox"/> Other (Specify)..... <input type="checkbox"/> Louvered Shutter <input type="checkbox"/> Key Punched <input type="checkbox"/> Wire Wrapped <input type="checkbox"/> Saw Cut <input type="checkbox"/> None (Open Hole) SCREEN-PERFORATED INTERVALS: From 30 ft. to 40 ft., From..... ft. to..... ft., From..... ft. to..... ft. GRAVEL PACK INTERVALS: From 24 ft. to 40 ft., From..... ft. to..... ft., From..... ft. to..... ft.													
9 GROUT MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> 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? North Distance from well? 13 ft. plus ft.													
10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS								
0	3	topsoil											
3	10	clay											
10	18	fine sand											
18	40	medium sand											
Notes:													
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo-day-year) 10/11/2023 , 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) 10/12/2023 under the business name of..... Harp Well and Pump Service 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													