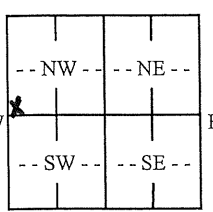


# WATER WELL RECORD Form WWC-5

☒ Original Record ☐ Correction ☐ Change in Well Use

Division of Water  
Resources App. No.

Well ID

<b>1 LOCATION OF WATER WELL:</b> County: SEDGWICK		Fraction SW 1/4 SW 1/4 NW 1/4	Section Number 36	Township Number T 25 S	Range Number R 1 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
<b>2 WELL OWNER:</b> Last Name: HOLDT Business: Address: 8200 N WEST ST City: VALLEY CENTER State: KS ZIP: 67147		First: RONDA		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 checked="" type="checkbox"/>	
<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> N  S W E 1 mile		<b>4 DEPTH OF COMPLETED WELL:</b> ..... 100 ..... ft. Depth(s) Groundwater Encountered: 1) ..... ft. 2) ..... ft. 3) ..... ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: ..... 18 ..... ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) ..... 8-1-24 ..... <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 ..... 100 ..... ft. and ..... in. to ..... ft.		<b>5 Latitude:</b> ..... 37.83308 ..... (decimal degrees) <b>Longitude:</b> ..... -97.38965 ..... (decimal degrees) <b>Horizontal Datum:</b> <input checked="" type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 <b>Source for Latitude/Longitude:</b> <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: .....	
				<b>6 Elevation:</b> ..... ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC <b>Source:</b> <input type="checkbox"/> Land Survey <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other .....	

**7 WELL WATER TO BE USED AS:**

1. Domestic: <input checked="" type="checkbox"/> Household <input 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): .....
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**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 ..... 100 ..... 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 .40 ..... ft. to 100 ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
**GRAVEL PACK INTERVALS:** From ..... 24 ..... ft. to 100 ..... 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? WEST Distance from well? 51 ..... ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	3	TOP SOIL			
3	14	CLAY			
14	26	FINE SAND			
26	46	MEDIUM SAND			
46	52	BROWN CLAY			
52	100	GRAY SHALE			
			<b>Notes:</b>		

**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) 8-1-24 ..... 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) 8-2-24 .....  
 under the business name of HARP WELL AND PUMP SERVICE INC. Signature TODD S. HARP