

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 Section Number Township Number Range Number
 County: **Sedgwick** SW 1/4 SW 1/4 NE 1/4 NE 1/4 **30** **T 26 S** **R 1** E W

2 WELL OWNER: Last Name: **ROSALES** First: **Pedro** 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: _____
 Address: **10527 W. Wilkinson St.**
 Address: _____
 City: **Maize** State: **Kansas** ZIP: **67101**

3 LOCATE WELL WITH "X" IN SECTION BOX:
 N
 -- NW -- -- NE --
-- SW -- -- SE --	
W	
S	
-----1 mile-----	

4 DEPTH OF COMPLETED WELL: **3/17/2022** ft.
 Depth(s) Groundwater Encountered: 1) _____ ft.
 2) _____ ft. 3) _____ ft., or 4) Dry Well
 WELL'S STATIC WATER LEVEL: **22** _____ ft.
 below land surface, measured on (mo-day-yr) **03/17/22**
 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: **1.2** _____ in. to **7.0** _____ ft. and _____ in. to _____ ft.

5 Latitude: **37.76306** _____ (decimal degrees)
Longitude: **-97.46728** _____ (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	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 **7.0** _____ 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-26** _____
 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? **15 ft. plus** _____ ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	3	topsoil			
3	18	clay			
18	45	fine sand			
45	68	medium sand			
68	70	clay			

Notes: _____

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) **03/17/2022**, 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) **3/21/2022** under the business name of **Harp Well and Pump Service** Signature **Todd S. Harp**