	WELL R			WWC-5			ion of Water	1			
	l Record 🔲			ge in Well Use			rces App. No			Well ID	
1 LOCATION OF WATER WELL: County: SEDGWICK				Fraction NW 1/4 SW 1/4 SW					p Numb 26 S		nge Number
······································			X	First:				T 26 S R 1 □ E W where well is located (if unknown, distance and			
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distant direction from nearest town or intersection): If at owner's address, check l											
	1519 S. RI			AINT PAUL ST.							
Address: City:	GODDARI	.	State: KS	ZIP: 67052			67204				
3 LOCAT			27 70277								
WITH "	X" IN		PLETED WELL:40 ft. ncountered: 1) ft.				5 Latitude: 37.78277 (decimal degrees) Longitude: -97.37994 (decimal degrees)				
SECTIO			3) ft., or 4)		Horizontal Datum: WGS 84 NAD 83 NAD 27						
<u> </u>	· · · · · · · · · · · · · · · · · · ·	WELL'S S'	WELL'S STATIC WATER LEVEL: 14 ft					for Latitude/I	ongitude	: :	65 LINAD 21
		below land surface, measured on (mo-day-yr).10-16					GP	S (unit make/	model:	I-PHONE)
NW	NE	☐ above land surface, measured on (mo-day-yr) Pump test data: Well water was				• • • • • • • • • • • • • • • • • • • •	(WAAS enabled? Yes No)				
w	E	, -	after hours pumping gpm				☐ Land Survey ☐ Topographic Map ☐ Online Mapper:				
1	V			water was ft.			Online Wapper				
l I .	altcl			hours pumping gpm			6 Elevation:ft. Ground Level TOC				
X	S Bore Hole Diar			field:gpm Diameter:12 in. to40 ft. and			Source: Land Survey GPS Topographic Map				
	1 mile			in. to ft.			Other				
7 WELL WATER TO BE USED AS:											
1. Domestic: 5. \square Public Water Supply: well ID											
			ig: how many wells?			11. Test Hole: well ID					
				echarge: well IDg: well ID							
				al Remediation: well ID			12. Geothermal: how many bores?				
3. ☐ Feedlot ☐ Air Sparge									Loop Surface Discharge Inj. of Water		
4. ☐ Industrial ☐ Recovery ☐ Injection 13. ☐ Other (specify):											
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ■ No If yes, date sample was submitted:											
Water well disinfected? ■ Yes □ No CASING IODITS: ■ Check □ Classical □ Water to the control □ Water to the check □ Classical □ Class											
Casing diameter 5 in to 40 ft Diameter in to ft Diameter in to ft											
8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other											
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-I	PERFORATE	ED INTERV	ALS: From	n .30 ft. to .40	ft., F	rom	ft. to	ft.,	From	ft. to	, ft.
GRAVEL PACK INTERVALS: From											
Grout Interv	MATERIA	L: ☐ Neat	cement ∟ 24	Cement grout	Bentonite	∐ Otl	her from		to	 A	•••••
Grout Intervals: From											
☐ Septic	Tank		Lateral Line	,		_	ivestock Pen			cide Storage	
☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well											
■ Watertight Sewer Lines											
Direction fro	om well? .SO	UTH	· · · · · · · · · · · · · · · · · · ·	Distance from	well? .3.0!	<u>+</u>	<u></u>	<u></u>	f		
10 FROM	TO		LITHOLO	GIC LOG	FRO)M	TO	LITHO. LOG	(cont.)	r PLUGGIN	IG INTERVALS
0		OP SOIL									
3		LAY									
12 22	 	INE SAND IEDIUM SA								· Antagana	
		ILDIOIN OF	עואט								
		((1111-121-11-11-11-11-11-11-11-11-11-11-1									
					Note	s:					
11 800	DA CECE:	OD TANK	OHARES.	C CEDEUTC : T) 		11 =	1 , .		,	
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) 10-16-2023 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) 10-17-2023 under the business name of HARP WELL AND PUMP SERVICE, INC. Signature TODD S. HARP.											
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 7/10/201											