

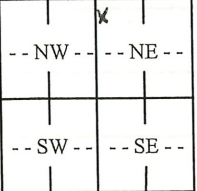
# WATER WELL RECORD Form WWC-5

☒ Original Record ☐ Correction ☐ Change in Well Use

Division of Water  
Resources App. No.

Well ID

|  |  |   |                      |                           |  |
|--|--|---|----------------------|---------------------------|--|
| <b>1 LOCATION OF WATER WELL:</b><br>County: SEDGWICK   |  | Fraction<br>SW 1/4 NW 1/4 NW 1/4 NE 1/4   | Section Number<br>30 | Township Number<br>T 26 S | Range Number<br>R 1 <input type="checkbox"/> E <input checked="" type="checkbox"/> W |
| <b>2 WELL OWNER:</b> Last Name: DON KLAUSMEYER CONSTRUCTION LLC<br>Business: 10008 W YORK ST<br>Address: 4559 N RUTGERS ST<br>City: WICHITA State: KS ZIP: 67215 |  | 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"/> |                      |                           |  |

|  |   |  |
|--|---|--|
| <b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b><br>N<br><br>W E<br>S<br>----- 1 mile ----- | <b>4 DEPTH OF COMPLETED WELL:</b> 70 ft.<br>Depth(s) Groundwater Encountered: 1) ..... ft.<br>2) ..... ft. 3) ..... ft. or 4) <input type="checkbox"/> Dry Well<br>WELL'S STATIC WATER LEVEL: 26 ft.<br><input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) 6-25-24<br><input type="checkbox"/> above land surface, measured on (mo-day-yr) .....<br>Pump test data: Well water was ..... ft.<br>after ..... hours pumping ..... gpm<br>Well water was ..... ft.<br>after ..... hours pumping ..... gpm<br>Estimated Yield: ..... gpm<br>Bore Hole Diameter: 12 in. to 70 ft. and<br>..... in. to ..... ft. | <b>5 Latitude:</b> 37.76485 (decimal degrees)<br><b>Longitude:</b> -97.47167 (decimal degrees)<br>Horizontal Datum: <input checked="" type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27<br>Source for Latitude/Longitude:<br><input checked="" type="checkbox"/> GPS (unit make/model: I-PHONE)<br>(WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No)<br><input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map<br><input type="checkbox"/> Online Mapper: ..... |
|  | <b>6 Elevation:</b> ..... ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC<br>Source: <input type="checkbox"/> Land Survey <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Topographic Map<br><input type="checkbox"/> Other .....   |  |

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

|   |               |            |               |  |   |   |   |   |  |                              |                                       |   |
|---|---------------|------------|---------------|--|---|---|---|---|--|------------------------------|---------------------------------------|---|
| 1. Domestic:<br><input type="checkbox"/> Household<br><input checked="" type="checkbox"/> Lawn & Garden<br><input type="checkbox"/> Livestock | 2. Irrigation | 3. Feedlot | 4. 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 ..... | 10. <input type="checkbox"/> Oil Field Water Supply: lease ..... | 11. Test Hole: well ID ..... | 12. Geothermal: how many bores? ..... | 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. 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 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.

| 10 FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHO. LOG (cont.) or PLUGGING INTERVALS |
|---------|----|----------------|------|----|--|
| 0       | 3  | TOP SOIL       |      |    |  |
| 3       | 24 | CLAY           |      |    |  |
| 24      | 48 | FINE SAND      |      |    |  |
| 48      | 70 | MEDIUM SAND    |      |    |  |
|         |    |                |      |    |  |
|         |    |                |      |    |  |
|         |    |                |      |    |  |
|         |    |                |      |    |  |
|         |    |                |      |    |  |
|         |    |                |      |    |  |

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) 6-25-24 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) 6-26-24 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>

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Revised 7/10/2015