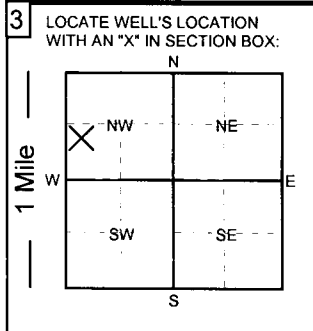


WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL: Sedgwick	FRACTION NW 1/4 SW 1/4 NW 1/4	SECTION NUMBER 27	TOWNSHIP NUMBER T 26 S	RANGE NUMBER R 2W E/W
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Distance and direction from nearest town or city street address of well if located within city?
4330 N 167th W Colwich, Kansas

2 WATER WELL OWNER: SHARP HOMES	RR#,ST. ADDRESS,BOX #: 2131 N. Collective Ste #A	Board of Agriculture, Division of Water Resource
CITY, STATE: Wichita, Kansas		Application Number:
ZIP CODE: 67206		



4 DEPTH OF COMPLETED WELL: 80 ft.	ELEVATION:
Depth of groundwater Encountered: _____ ft.	_____ ft.
WELL'S STATIC WATER LEVEL: 22 FT. BELOW LAND SURFACE MEASURED ON	mo/day/yr: 11/15/19
Pump test data:	Well water was _____ ft. after _____ hours of pumping @ _____ gpm
Est. Yield: _____ gpm	Well water was _____ ft. after _____ hours of pumping @ _____ gpm
Bore Hole Diameter: 12 in.	to 80 ft. and _____ in. to _____ ft.
WELL WATER TO BE USED AS:	
<input checked="" type="checkbox"/> 1. Domestic <input type="checkbox"/> 3. Feedlot <input type="checkbox"/> 5. Public water supply <input type="checkbox"/> 7. Lawn and garden only <input type="checkbox"/> 9. Dewatering <input type="checkbox"/> 11. Injection well	
<input type="checkbox"/> 2. Irrigation <input type="checkbox"/> 4. Industrial <input type="checkbox"/> 6. Oil field water supply <input type="checkbox"/> 8. Air conditioning <input type="checkbox"/> 10. Monitoring well <input type="checkbox"/> 12. Other (Specify below)	
Was a chemical/bacteriological sample submitted to Department? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> ; If yes, what mo/day/yr was sample submitted	
Was Water Well Disinfected? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

5 TYPE OF CASING USED:		5. Wrought Iron	7. Fiberglass	9. Other (Specify below)	CASING JOINTS:	<input checked="" type="checkbox"/> Glued	<input type="checkbox"/> Threaded
<input type="checkbox"/> 1. Steel <input type="checkbox"/> 3. RPM (SR)					<input type="checkbox"/> Welded	<input type="checkbox"/> Clamped	
<input checked="" type="checkbox"/> 2. PVC <input type="checkbox"/> 4. ABS		<input type="checkbox"/> 6. Asbestos-Cement <input type="checkbox"/> 8. Concrete tile		SDR-26			
Blank casing diameter: 5 in.		to 60 ft., Dia. _____ in.		to _____ ft., Dia. _____ in.			
Casing height above land surface: 12 in.,		Weight: 2.35 lbs. / ft.		Wall thickness or gauge No. .214			
TYPE OF SCREEN OR PERFORATION MATERIAL:							
<input type="checkbox"/> 1. Steel		<input type="checkbox"/> 3. Stainless Steel		<input type="checkbox"/> 5. Fiberglass		<input checked="" type="checkbox"/> 7. PVC	
<input type="checkbox"/> 2. Brass		<input type="checkbox"/> 4. Galvanized		<input type="checkbox"/> 6. Concrete Tile		<input type="checkbox"/> 8. RMP (SR)	
<input type="checkbox"/> 9. ABS		<input type="checkbox"/> 10. Asbestos-Cement		<input type="checkbox"/> 11. Other (specify)			
<input type="checkbox"/> 12. None used (open hole)							
SCREEN OR PERFORATION OPENINGS ARE:							
<input type="checkbox"/> 1. Continuous slot		<input type="checkbox"/> 3. Mill slot		<input type="checkbox"/> 5. Gauzed wrapped		<input type="checkbox"/> 7. Torch cut	
<input type="checkbox"/> 2. Louvered shutter		<input type="checkbox"/> 4. Key punched		<input type="checkbox"/> 6. Wire wrapped		<input checked="" type="checkbox"/> 8. Saw cut	
<input type="checkbox"/> 9. Drilled holes		<input type="checkbox"/> 11. None (open hole)					
<input type="checkbox"/> 10. Other (specify)							
SCREEN - PERFORATION INTERVAL		From 60 ft.		to 80 ft.,		From _____ ft.	
		From _____ ft.		to _____ ft.,		From _____ ft.	
GRAVEL PACK INTERVALS:		From 24 ft.		to 80 ft.,		From _____ ft.	
		From _____ ft.		to _____ ft.,		From _____ ft.	

6 GROUT MATERIALS:		1. Neat cement	2. Cement Grout	3. Bentonite	Other bentonite hole plug
Grout Intervals:		From _____ ft. to _____ ft.,	From 4 ft. to 24 ft.,	From 50 ft. to 52 ft.	
What is the nearest source of possible contamination:					
<input checked="" type="checkbox"/> 1. Septic tank		<input type="checkbox"/> 4. Lateral lines		<input type="checkbox"/> 7. Pit privy	
<input type="checkbox"/> 2. Sewer lines		<input type="checkbox"/> 5. Cess Pool		<input type="checkbox"/> 8. Sewage lagoon	
<input type="checkbox"/> 3. Watertight sewer line		<input type="checkbox"/> 6. Seepage pit		<input type="checkbox"/> 9. Feed yard	
				<input type="checkbox"/> 10. Livestock pens	
				<input type="checkbox"/> 11. Fuel storage	
				<input type="checkbox"/> 12. Fertilizer storage	
				<input type="checkbox"/> 13. Insecticide storage	
				<input type="checkbox"/> 14. Abandon water well	
				<input type="checkbox"/> 15. Oil well/Gas well	
				<input type="checkbox"/> 16. Other (specify below)	

From	To	LITHOLOGIC LOG	From	To	LITHOLOGIC LOG
0	3	topsoil			
3	24	clay			
24	48	fine sand			
48	54	clay			
54	80	medium sand			

7 Contractor's or Landowner's Certification: This water well was 1. constructed, 2. reconstructed or 3. plugged under my jurisdiction and was completed on (mo/day/year) **11/15/19** 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) **11/18/19**

under the business name of **Harp Well and Pump Service** by (signature) **Todd S. Harp**