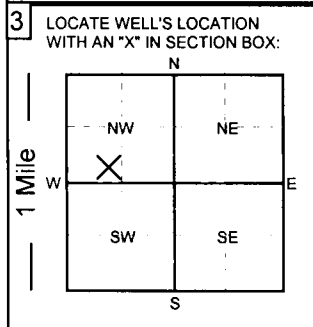


WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL: Sedgwick	FRACTION SE 1/4 SW 1/4 NW 1/4	SECTION NUMBER 7	TOWNSHIP NUMBER T 27 S	RANGE NUMBER R 1W E/W
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Distance and direction from nearest town or city street address of well if located within city?
11613 W. Westport Wichita, Kansas

2 WATER WELL OWNER: JEYS, John RR#, ST. ADDRESS, BOX #: 11613 W. Westport CITY, STATE: Wichita, Kansas	Board of Agriculture, Division of Water Resource Application Number: _____
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4 DEPTH OF COMPLETED WELL: **120** ft. ELEVATION: _____ ft.

Depth of groundwater Encountered: _____ ft.

WELL'S STATIC WATER LEVEL **32** FT. BELOW LAND SURFACE MEASURED ON **5/8/20**

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 **120** ft. and _____ in. to _____ ft.

WELL WATER TO BE USED AS:

<input type="checkbox"/> 1. Domestic	<input type="checkbox"/> 3. Feedlot	<input type="checkbox"/> 5. Public water supply	<input checked="" 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** NO ; If yes, what mo/day/yr was sample submitted _____

Was Water Well Disinfected? YES **NO**

5 TYPE OF CASING USED:

<input type="checkbox"/> 1. Steel	<input type="checkbox"/> 3. RPM (SR)	<input type="checkbox"/> 5. Wrought Iron	<input type="checkbox"/> 7. Fiberglass	<input type="checkbox"/> 9. Other (Specify below)
<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 **100** ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.

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"/> 9. ABS	<input type="checkbox"/> 11. Other (specify)
<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"/> 10. Asbestos-Cement	<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"/> 9. Drilled holes	<input type="checkbox"/> 11. None (open hole)
<input type="checkbox"/> 2. Louvered shutter	<input type="checkbox"/> 4. Key punched	<input type="checkbox"/> 6. Wire wrapped	<input type="checkbox"/> 8. Saw cut	<input type="checkbox"/> 10. Other (specify)	

SCREEN - PERFORATION INTERVAL From **100** ft. to **120** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **24** ft. to **120** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIALS: 1. Neat cement 2. Cement Grout 3. Bentonite Other **bentonite hole plug**

Grout Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From **4** ft. to **24** ft.

What is the nearest source of possible contamination:

<input type="checkbox"/> 1. Septic tank	<input type="checkbox"/> 4. Lateral lines	<input type="checkbox"/> 7. Pit privy	<input type="checkbox"/> 10. Livestock pens	<input type="checkbox"/> 13. Insecticide storage	<input type="checkbox"/> 15. Oil well/Gas well
<input type="checkbox"/> 2. Sewer lines	<input type="checkbox"/> 5. Cess Pool	<input type="checkbox"/> 8. Sewage lagoon	<input type="checkbox"/> 11. Fuel storage	<input type="checkbox"/> 14. Abandon water well	<input type="checkbox"/> 16. Other (specify below)
<input checked="" type="checkbox"/> 3. Watertight sewer line	<input type="checkbox"/> 6. Seepage pit	<input type="checkbox"/> 9. Feed yard	<input type="checkbox"/> 12. Fertilizer storage		

Direction from well? **East** How many feet? **10 ft. plus**

From	To	LITHOLOGIC LOG	From	To	LITHOLOGIC LOG
0	3	topsoil			
3	26	clay			
26	38	fine sand			
38	98	clay			
98	120	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) **5/8/2020** 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) **5/11/2020**

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