

WATER WELL RECORD Form WWC-5

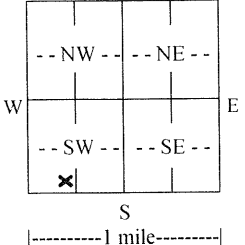
Division of Water Resources App. No. _____

Well ID _____

Original Record Correction Change in Well Use

1 LOCATION OF WATER WELL: County: Sedgwick	Fraction SE 1/4 SE 1/4 SW 1/4 SW 1/4	Section Number 18	Township Number T 27 S	Range Number R 1 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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2 WELL OWNER: Last Name: KIRKPATRICK First: Trudy Business: Address: 11514 W. Lost Creek St. Address: City: Wichita State: Kansas ZIP: 67212	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 checked="" type="checkbox"/>
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3 LOCATE WELL WITH "X" IN SECTION BOX: N  S W E	4 DEPTH OF COMPLETED WELL: 100 ft. Depth(s) Groundwater Encountered: 1) _____ ft. 2) _____ ft. 3) _____ ft. or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: 38 ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) 07/12/23 <input type="checkbox"/> 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: 12 in. to 100 ft. and _____ in. to _____ ft.	5 Latitude: 37.70017 (decimal degrees) Longitude: -97.47659 (decimal degrees) Horizontal Datum: <input checked="" type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 Source for Latitude/Longitude: <input checked="" type="checkbox"/> GPS (unit make/model: I-Phone) (WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Online Mapper: _____
	6 Elevation: _____ ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC Source: <input type="checkbox"/> Land Survey <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> 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 **100** 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 **80** ft. to **100** ft. From ft. to ft. From ft. to ft.
 GRAVEL PACK INTERVALS: From **24** ft. to **100** 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	22	clay			
22	44	fine sand			
44	76	clay			
76	97	fine to medium sand			
97	100	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) **07/12/2023**, 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) **7/15/2023** under the business name of **Harp Well and Pump Service** 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 7/10/2015