

**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> County: <b>Sedgwick</b>	Fraction <b>SW 1/4 SW 1/4 NE 1/4 SW 1/4</b>	Section Number <b>16</b>	Township Number <b>T 27 S</b>	Range Number <b>R 1</b> <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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**2 WELL OWNER:** Last Name: **NELSON** First: **Steven**  
 Business: \_\_\_\_\_  
 Address: **7501 W. Quail Lane**  
 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:

<p><b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b></p> <p style="text-align: center;">N</p> <table style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px;">--NW--</td> <td style="padding: 5px;">--NE--</td> </tr> <tr> <td style="padding: 5px;">W</td> <td style="padding: 5px;">E</td> </tr> <tr> <td style="padding: 5px;">--SW--</td> <td style="padding: 5px;">--SE--</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;">S</td> </tr> </table> <p style="text-align: center;"> -----1 mile----- </p>	--NW--	--NE--	W	E	--SW--	--SE--	S		<p><b>4 DEPTH OF COMPLETED WELL: 70</b>..... ft.</p> <p>Depth(s) Groundwater Encountered: 1) ..... ft.          2) ..... ft. 3) ..... ft. or 4) <input type="checkbox"/> Dry Well</p> <p>WELL'S STATIC WATER LEVEL: <b>22</b>..... ft.  <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) <b>08/03/23</b>  <input type="checkbox"/> above land surface, measured on (mo-day-yr).....</p> <p>Pump test data: Well water was ..... ft.          after..... hours pumping ..... gpm          Well water was ..... ft.          after..... hours pumping ..... gpm</p> <p>Estimated Yield: .....gpm          Bore Hole Diameter: <b>12</b>..... in. to <b>70</b>..... ft. and          ..... in. to ..... ft.</p>	<p><b>5 Latitude: 37.69868</b>.....(decimal degrees)  <b>Longitude: -97.42979</b>.....(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: .....; 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: .....</p>
--NW--	--NE--									
W	E									
--SW--	--SE--									
S										

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

1. Domestic: <input type="checkbox"/> Household <input checked="" type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock	5. <input type="checkbox"/> Public Water Supply: well ID .....	10. <input type="checkbox"/> Oil Field Water Supply: lease .....
2. <input type="checkbox"/> Irrigation	6. <input type="checkbox"/> Dewatering: how many wells? .....	11. Test Hole: well ID .....
3. <input type="checkbox"/> Feedlot	7. <input type="checkbox"/> Aquifer Recharge: well ID .....	<input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical
4. <input type="checkbox"/> Industrial	8. <input type="checkbox"/> Monitoring: well ID .....	12. Geothermal: how many bores? .....
	9. Environmental Remediation: well ID .....	a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical
	<input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction	b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water
	<input type="checkbox"/> Recovery <input type="checkbox"/> Injection	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. 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:**

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> Lateral Lines	<input type="checkbox"/> Pit Privy	<input type="checkbox"/> Livestock Pens	<input type="checkbox"/> Insecticide Storage
<input type="checkbox"/> Sewer Lines	<input type="checkbox"/> Cess Pool	<input type="checkbox"/> Sewage Lagoon	<input type="checkbox"/> Fuel Storage	<input type="checkbox"/> Abandoned Water Well
<input checked="" type="checkbox"/> Watertight Sewer Lines	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Feedyard	<input type="checkbox"/> Fertilizer Storage	<input type="checkbox"/> Oil Well/Gas Well
<input type="checkbox"/> Other (Specify) .....				

Direction from well? **North**..... Distance from well? **15 ft. plus**..... ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	3	topsoil			
3	20	clay			
20	43	fine sand			
43	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) **08/03/2023**, 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) **8/6/2023**..... under the business name of ..... **Harp Well and Pump Service**..... Signature **Todd S Harp**.....