

☒ Original Record    ☐ Correction    ☐ Change in Well Use

Well ID

<input checked="" type="checkbox"/> Original Record <input type="checkbox"/> Correction <input type="checkbox"/> Change in Well Use		Resources App. No.																																																													
<b>1 LOCATION OF WATER WELL:</b> County: SEDGWICK		Fraction NW ¼ NW ¼ NE ¼ SW ¼	Section Number 17																																																												
		Township Number T 27 S	Range Number R 1 E W																																																												
<b>2 WELL OWNER:</b> Last Name: SWOPE First: MARK Business: Address: 9900 W 9TH ST N City: WICHITA State: KS 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"/>																																																													
<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> N <div style="text-align:center;"><table border="1" style="margin:auto; width:100px; height:100px;"> <tr><td></td><td>NW</td><td>NE</td><td></td></tr> <tr><td>W</td><td>X</td><td></td><td>E</td></tr> <tr><td></td><td>SW</td><td>SE</td><td></td></tr> <tr><td></td><td>S</td><td></td><td></td></tr> </table></div>  -----1 mile-----		NW	NE		W	X		E		SW	SE			S			<b>4 DEPTH OF COMPLETED WELL:</b> ..... 70 ..... ft. Depth(s) Groundwater Encountered: 1) ..... ft. 2) ..... ft. 3) ..... ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: ..... 26 ..... ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr)..... 7-17-24 <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 ..... 70 ..... ft. and ..... in. to ..... ft.																																														
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W	X		E																																																												
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<b>5 Latitude:</b> ..... 37.70109 ..... (decimal degrees) <b>Longitude:</b> ..... -97.45703 ..... (decimal degrees) <u>Horizontal Datum:</u> <input checked="" type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 <u>Source for Latitude/Longitude:</u> <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: .....																																																															
<b>6 Elevation:</b> .....ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC <u>Source:</u> <input type="checkbox"/> Land Survey <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other .....																																																															
<b>7 WELL WATER TO BE USED AS:</b> 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): .....																																																															
<b>Was a chemical/bacteriological sample submitted to KDHE?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, date sample was submitted: ..... Water well disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																															
<b>8 TYPE OF CASING USED:</b> <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other ..... CASING JOINTS: <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> 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 ..... <b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b> <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) ..... <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Concrete tile <input type="checkbox"/> None used (open hole) <b>SCREEN OR PERFORATION OPENINGS ARE:</b> <input type="checkbox"/> Continuous Slot <input checked="" type="checkbox"/> Mill Slot <input type="checkbox"/> Gauze Wrapped <input type="checkbox"/> Torch Cut <input type="checkbox"/> Drilled Holes <input type="checkbox"/> Other (Specify) ..... <input type="checkbox"/> Louvered Shutter <input type="checkbox"/> Key Punched <input type="checkbox"/> Wire Wrapped <input type="checkbox"/> Saw Cut <input type="checkbox"/> None (Open Hole) <b>SCREEN-PERFORATED INTERVALS:</b> From ..... 50 ..... ft. to ..... 70 ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft. <b>GRAVEL PACK INTERVALS:</b> From ..... 24 ..... ft. to ..... 70 ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.																																																															
<b>9 GROUT MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other ..... Grout Intervals: From ..... 4 ..... ft. to ..... 24 ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft. <b>Nearest source of possible contamination:</b> <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? 50+ ..... ft.																																																															
<table border="1" style="width:100%;"> <thead> <tr> <th>10 FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>LITHO. LOG (cont.) or PLUGGING INTERVAL</th> </tr> </thead> <tbody> <tr><td>0</td><td>3</td><td>TOP SOIL</td><td></td><td></td><td></td></tr> <tr><td>3</td><td>24</td><td>CLAY</td><td></td><td></td><td></td></tr> <tr><td>24</td><td>46</td><td>FINE SAND</td><td></td><td></td><td></td></tr> <tr><td>46</td><td>65</td><td>MEDIUM SAND</td><td></td><td></td><td></td></tr> <tr><td>65</td><td>70</td><td>CLAY</td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>		10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVAL	0	3	TOP SOIL				3	24	CLAY				24	46	FINE SAND				46	65	MEDIUM SAND				65	70	CLAY																												<b>Notes:</b>   	
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<b>11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo-day-year) 7-17-24 ..... 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) 7-18-24 ..... 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 KSA 82a-1212 Revised 7/10/2015																																																															