

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

1 LOCATION OF WATER WELL: Sedgwick	FRACTION NE 1/4 SW 1/4 SE 1/4	SECTION NUMBER 20	TOWNSHIP NUMBER T 27 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?
2023 N. Clearstone Wichita, Kansas

2 WATER WELL OWNER: LOVE, Mike Construction	Board of Agriculture, Division of Water Resource
RR#,ST. ADDRESS,BOX #: P.O. Box 7	
CITY, STATE: Valley Center, Kansas	ZIP CODE: _____ Application Number: _____

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: 120 ft. ELEVATION: _____
	Depth of groundwater Encountered: _____ ft.
	WELL'S STATIC WATER LEVEL 30 FT. BELOW LAND SURFACE MEASURED ON 9/29/15
	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:	
1. Domestic 3. Feedlot 5. Public water supply 7. Lawn and garden only 9. Dewatering 11. Injection well 2. Irrigation 4. Industrial 6. Oil field water supply 8. Air conditioning 10. Monitoring well 12. Other (Specify below)	
Was a chemical/bacteriological sample submitted to Department? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> ; If yes, what mo/day/yr was sample submitted _____	
Was Water Well Disinfected? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

5 TYPE OF CASING USED:	
1. Steel <input type="checkbox"/>	3. RPM (SR) <input type="checkbox"/>
2. PVC <input checked="" type="checkbox"/>	4. ABS <input type="checkbox"/>
5. Wrought Iron <input type="checkbox"/>	7. Fiberglass <input type="checkbox"/>
6. Asbestos-Cement <input type="checkbox"/>	8. Concrete tile <input type="checkbox"/>
9. Other (Specify below) _____	CASING JOINTS: Glued <input checked="" type="checkbox"/> Threaded <input type="checkbox"/>
	Welded <input type="checkbox"/> Clamped <input type="checkbox"/>
Blank casing diameter 5 in. to 50 ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.	SDR-26
Casing height above land surface: 12 in., Weight: 2.35 lbs. / ft. Wall thickness or gauge No. .214	
TYPE OF SCREEN OR PERFORATION MATERIAL:	
1. Steel <input type="checkbox"/>	3. Stainless Steel <input type="checkbox"/>
2. Brass <input type="checkbox"/>	4. Galvanized <input type="checkbox"/>
5. Fiberglass <input type="checkbox"/>	7. PVC <input checked="" type="checkbox"/>
6. Concrete Tile <input type="checkbox"/>	8. RMP (SR) <input type="checkbox"/>
9. ABS <input type="checkbox"/>	11. Other (specify) _____
10. Asbestos-Cement <input type="checkbox"/>	12. None used (open hole) <input type="checkbox"/>
SCREEN OR PERFORATION OPENINGS ARE:	
1. Continuous slot <input type="checkbox"/>	3. Mill slot <input type="checkbox"/>
2. Louvered shutter <input type="checkbox"/>	4. Key punched <input type="checkbox"/>
5. Gauzed wrapped <input type="checkbox"/>	7. Torch cut <input type="checkbox"/>
6. Wire wrapped <input type="checkbox"/>	8. Saw cut <input checked="" type="checkbox"/>
9. Drilled holes <input type="checkbox"/>	11. None (open hole) <input type="checkbox"/>
10. Other (specify) _____	
SCREEN - PERFORATION INTERVAL	From 50 ft. to 120 ft., From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS:	From 24 ft. to 120 ft., From _____ ft. to _____ ft.

6 GROUT MATERIALS:	
1. Neat cement <input type="checkbox"/>	2. Cement Grout <input type="checkbox"/>
3. Bentonite <input type="checkbox"/>	Other bentonite hole plug <input checked="" type="checkbox"/>
Grout Intervals: From 4 ft. to 24 ft., From _____ ft. to _____ ft.	
What is the nearest source of possible contamination:	
1. Septic tank <input type="checkbox"/>	4. Lateral lines <input type="checkbox"/>
2. Sewer lines <input type="checkbox"/>	5. Cess Pool <input type="checkbox"/>
3. Watertight sewer line <input checked="" type="checkbox"/>	6. Seepage pit <input type="checkbox"/>
7. Pit privy <input type="checkbox"/>	8. Sewage lagoon <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) _____
Direction from well? North	How many feet? 10 ft. plus

From	To	LITHOLOGIC LOG	From	To	LITHOLOGIC LOG
0	3	topsoil			
3	18	clay			
18	32	fine sand			
32	120	gray shale			

7 Contractor's or Landowner's Certification: This water well was 1. constructed <input checked="" type="checkbox"/> 2. reconstructed <input type="checkbox"/> or 3. plugged <input type="checkbox"/> under my jurisdiction and was completed on (mo/day/year) 9/29/2015 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) 10/1/2015
under the business name of Harp Well and Pump Service	by (signature) Todd S. Harp