

# WATER WELL RECORD Form WWC-5

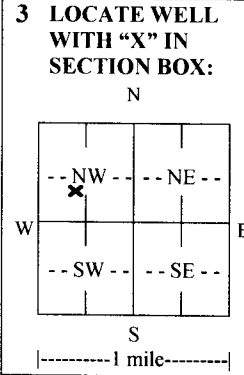
Original Record     Correction     Change in Well Use

Division of Water Resources App. No.

Well ID

<b>1 LOCATION OF WATER WELL:</b> County: <b>Sedgwick</b>		Fraction <b>SE ¼ NE ¼ SW ¼ NW ¼</b>		Section Number <b>35</b>	Township Number <b>T 27 S</b>	Range Number <b>R 2</b> <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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<b>2 WELL OWNER:</b> Last Name: <b>CALVERT</b> First: <b>Curtis</b> Business Address: <b>525 S. Limuel Ct.</b> City: <b>Wichita</b> State: <b>Kansas</b> ZIP: <b>67235</b>		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 type="checkbox"/> <b>1840 S. 151st St. W. Goddard, Kansas 67052</b>	
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**4 DEPTH OF COMPLETED WELL: 130**..... ft.

Depth(s) Groundwater Encountered: 1) ..... ft.  
 2) ..... ft. 3) ..... ft., or 4)  Dry Well

WELL'S STATIC WATER LEVEL: **20**..... ft.  
 below land surface, measured on (mo-day-yr) **11/17/22**  
 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: **1.2**..... in. to **1.30**..... ft. and ..... in. to ..... ft.

**5 Latitude: 37. 65943**.....(decimal degrees)  
**Longitude: -97. 51280**.....(decimal degrees)

Horizontal Datum:  WGS 84     NAD 83     NAD 27  
 Source for Latitude/Longitude:  
 GPS (unit make/model: **iPhone**.....)  
 (WAAS enabled?  Yes  No)  
 Land Survey     Topographic Map  
 Online Mapper: .....

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**6 Elevation: .....**ft.     Ground Level     TOC  
 Source:  Land Survey     GPS     Topographic Map  
 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 .....	10. <input type="checkbox"/> Oil Field Water Supply: lease .....
	6. <input type="checkbox"/> Dewatering: how many wells? .....	11. Test Hole: well ID .....
	7. <input type="checkbox"/> Aquifer Recharge: well ID .....	<input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical
	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 **1.30**..... 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. **SDR-26**.....

**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 **40**..... ft. to **130**..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**GRAVEL PACK INTERVALS:** From **24**..... ft. to **130**..... 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? **North**..... Distance from well? **70..ft. plus**..... ft.

10 FROM		TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0		3	topsoil			
3		22	clay			
22		130	gray shale			

**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) **11/17/2022**.. 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) **11/21/2022**.... under the business name of ..... **Harp Well and Pump Service**..... Signature **Todd Sharp**.....