| WATER Y | | | Form V | WWC-5 | | ion of Water | | Well ID | | |
|--|--|----------------|-------------------|------------------------|--------|--|--|----------------|-------------------|--|
| ■ Original Record □ Correction □ Change in Well Use | | | | | | | | | NT I. | |
| 1 LOCATION OF WATER WELL: Fraction County: SEDGWICK SW1/4 NW1/4 NE 1/4 NV | | | | | | ection Number Township Number Range Number 25 T 27 S R 2 \square E \square W | | | | |
| | SEDGWIC | | | 25 | T 27 S | | | | | |
| 2 WELL OWNER: Last Name: HAWKINS First: JAMES Street or Rural Address where w | | | | | | | | (11 unknown, | check here: | |
| Business: | Business: Address: 390 S LIMUEL ST direction from nearest town or intersection): If at owner's address, check here: | | | | | | | | | |
| Address: | | | | | | | | | | |
| | WICHITA | ~ | State: KS | ZIP: 67235 | | | | | | |
| 3 LOCATE | | 4 DEPTI | OF COM | APLETED WELL: | 80 ft. | 5 Latitud | e:37.6770 | 07 | (decimal degrees) | |
| WITH "X | | | | Encountered: 1) | | Longitu | .de: -97.49 | 362 | (decimal degrees) | |
| | 2) ft. 3) ft., or 4) \(\subseteq \text{ Dry Well} \) | | | | | | tal Datum: 🔳 WGS 8 | 34 □ NAD | 83 NAD 27 | |
| | WELL'S STATIC WATER LEVEL:34 ft. | | | | | | or Latitude/Longitud | ۵. | Į. | |
| he | 1 | below | land surface | e, measured on (mo-day | -yr) | GPS | G (unit make/model: . | I-PHONE |) | |
| NW | NWNE | | | | | (WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map | | | | |
| w | after hours pumping gpm | | | | | Online Mapper: | | | | |
| | Well water was ft. | | | | | | | | | |
| SW | - SW SE after hours pumping gpm | | | | | | on: | A Cl Groun | d Level TTOC | |
| | Estimated Yield:gpm | | | | 0 1 | 6 Elevation:ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ■ GPS ☐ Topographic Map | | | | |
| 1 | S Bore Hole Diameter:12 in. to80 ft. and | | | | | | Other | | | |
| | | | | | | | | | | |
| 7 WELL WATER TO BE USED AS: 1. Domestic: 5. Public Water Supply: well ID | | | | | | | | | | |
| | ☐ Household G. ☐ Dewatering: how many wells? | | | | | | 11. Test Hole: well ID | | | |
| | ■ Lawn & Garden 7. ☐ Aquifer Recharge: well ID | | | | | ☐ Cased ☐ Uncased ☐ Geotechnical | | | | |
| I = | ☐ Livestock 8. ☐ Monitoring: well ID | | | | | | 12. Geothermal: how many bores? | | | |
| | 2. Irrigation 9. Environmental Remediation: well ID | | | | | | a) Closed Loop Horizontal Vertical | | | |
| | 3. Feedlot Air Sparge Soil Vapor Ext | | | | | b) Open Loop | | | | |
| The medical and the second and the s | | | | | | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted: | | | | | | | | | | |
| Water well disinfected? ■ Yes □ No □ CASING IOINTS: ■ Gloved □ Clemned □ Welded □ Threeded | | | | | | | | | | |
| 8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded | | | | | | | | | | |
| Casing diameter 5 in to 80 ft., Diameter in to 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 .40 ft. to .80 ft., From ft., From ft., From ft. to ft. | | | | | | | | | | |
| GRAVEL PACK INTERVALS: From24 ft. to80 ft., From ft. to ft., From ft. to ft. | | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | | | |
| Grout Intervals: From | | | | | | | | | | |
| Nearest source of possible contamination: | | | | | | | | | | |
| ☐ Septic | Tank | |] Lateral Lii | | | Livestock Pen | | cticide Storag | | |
| ☐ 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? 100+ ft. | | | | | | | | | | |
| 10 FROM | TO | | LITHOLO | OGIC LOG | FROM | TO | LITHO. LOG (cont.) | or PLUGGI | NG INTERVALS | |
| 0 | | TOP SOIL | | | | | | | | |
| 3 | | CLAY | | | | | | | <u> </u> | |
| 38 | 50 | MEDIUM S | | | | | | | | |
| 50 | 80 | GRAY SH | ALE | | | | | | | |
| | | | | | | | | | | |
| | | | | | NT-4 | | | | | |
| | Notes: | | | | | | | | | |
| 7 3 3 7 1 37 3 3 5 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | | | | | | | | | | |
| 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) 8-29-24 | | | | | | | | | | |
| Kansas Water Well Contractor's License No. 236 This Water Well Record was completed on (mo-day-year) 8-30-24under the business name of HARP WELL AND PUMP SERVICE INC Signature TODD S. HARP. | | | | | | | | | | |
| under the 1 | meinace nan | ae of HARI | P WELL A | ND PUMP SERVIC | | gnature | JU.S.UANE | | | |
| 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. | | | | | | | | | | |
| 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 783-290-3324. Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015 | | | | | | | | | | |
| visit us at ht | ıp.//www.Kunel | sa.gov/watciwo | HIHIII VODIII AIS | | | | | | | |