

☒ Original Record ☐ Correction ☐ Change in Well Use

Well ID

2	WELL OWNER: Last Name:		First:	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"/>
	Business: TCRS LLC			
	Address: 4340 S WEST ST			RESERVE G - RACHEL BROOKE ESTATES ADD
	Address:			GODDARD, KS 67052
	City: WICHITA	State: KS	ZIP: 67217	

<p>3 LOCATE WELL WITH "X" IN SECTION BOX:</p> <p style="text-align: center;">N</p> <table border="1" style="width: 100%; height: 100px; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 50px; height: 50px;">-- NW --</td> <td style="width: 50px; height: 50px;">-- NE --</td> </tr> <tr> <td style="width: 50px; height: 50px;">-- SW --</td> <td style="width: 50px; height: 50px;">-- SE --</td> </tr> </table> <p style="text-align: center;">S</p> <p>W E</p> <p style="text-align: center;">1 mile</p>	-- NW --	-- NE --	-- SW --	-- SE --	<p>4 DEPTH OF COMPLETED WELL:130..... ft.</p> <p>Depth(s) Groundwater Encountered: 1) ft.</p> <p>2) ft. 3) ft., or 4) <input type="checkbox"/> Dry Well</p> <p>WELL'S STATIC WATER LEVEL:28..... ft.</p> <p><input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr).....9-12-24..</p> <p><input type="checkbox"/> above land surface, measured on (mo-day-yr).....</p> <p>Pump test data: Well water was ft.</p> <p>after..... hours pumping gpm</p> <p>Well water was ft.</p> <p>after..... hours pumping gpm</p> <p>Estimated Yield:gpm</p> <p>Bore Hole Diameter:12..... in. to130..... ft. and</p> <p>..... in. to ft.</p>	<p>5 Latitude:37.69815.....(decimal degrees)</p> <p>Longitude:-97.53474.....(decimal degrees)</p> <p><u>Horizontal Datum:</u> <input checked="" type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27</p> <p><u>Source for Latitude/Longitude:</u></p> <p><input checked="" type="checkbox"/> GPS (unit make/model: I-PHONE.....)</p> <p>(WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No)</p> <p><input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map</p> <p><input type="checkbox"/> Online Mapper:</p>
-- NW --	-- NE --					
-- SW --	-- SE --					
<p>6 Elevation:ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC</p> <p><u>Source:</u> <input type="checkbox"/> Land Survey <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Topographic Map</p> <p><input type="checkbox"/> Other</p>						

7 WELL WATER TO BE USED AS:

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

8 TYPE OF CASING USED: ☐ Steel ☒ PVC ☐ Other **CASING JOINTS:** ☒ Glued ☐ Clamped ☐ Welded ☐ Threaded
Casing diameter 5 in. to 130 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 20 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:

<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? WEST Distance from well? .50 ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVAL
0	3	TOP SOIL			
3	34	CLAY			
34	48	BROWN SHALE			
48	115	GRAYSHALE			
115	130	RED 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) 9-12-24..... 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) 9-13-24..... 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>

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Revised 7/10/2015