

WATER WELL RECORD

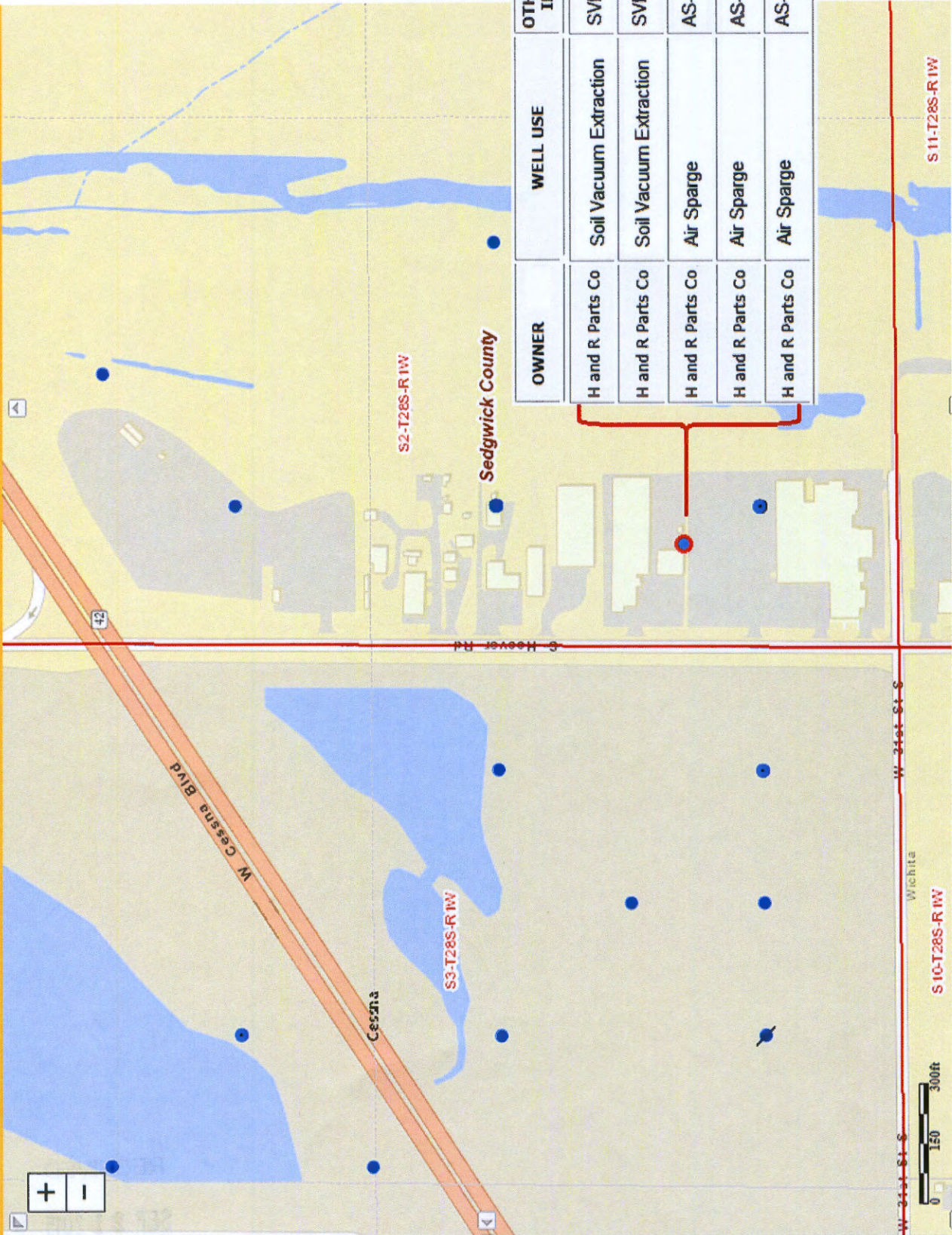
Form WWC-5

Division of Water Resources App. No.

1 LOCATION OF WATER WELL: County: Sedgwick		Fraction NW 1/4 SW 1/4 SW 1/4		Section Number 2		Township No. T 28 S		Range Number R 1 ☐ E ☒ W																																																																																		
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☒ .				Global Positioning System (GPS) information: Latitude: 37.6381 (in decimal degrees) Longitude: -97.4085 (in decimal degrees) Elevation: 1296 Datum: ☒ WGS 84, ☐ NAD 83, ☐ NAD 27 Collection Method: ☐ GPS unit (Make/Model: _____) ☒ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey Est. Accuracy: ☐ <3 m, ☐ 3-5 m, ☒ 5-15 m, ☐ >15 m																																																																																						
2 WATER WELL OWNER: RR#, Street Address, Box #: H & R Parts City, State, ZIP Code: 3066 S. Hoover Rd. Wichita, KS 67215																																																																																										
3 LOCATE WELL WITH AN "X" IN SECTION BOX: 		4 DEPTH OF COMPLETED WELL 27 ft. Depth(s) Groundwater Encountered (1) 16 ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr _____ Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm EST. YIELD _____ gpm. Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter 4 in. to 28 ft. and _____ in. to _____ ft. WELL WATER TO BE USED AS: ☐ Public water supply ☐ Geothermal ☐ Injection well ☐ Domestic ☐ Feedlot ☐ Oil field water supply ☐ Dewatering ☒ Other (Specify below) AIR SPARGE ☐ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☐ Monitoring well Was a chemical/bacteriological sample submitted to Department? ☐ Yes ☒ No If yes, mo/day/yr sample was submitted _____ Water well disinfected? ☐ Yes ☒ No																																																																																								
5 TYPE OF CASING USED: ☐ Steel ☒ PVC ☐ Other _____ CASING JOINTS: ☐ Glued ☐ Clamped ☐ Welded ☒ Threaded Casing diameter _____ in. to 25 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface 12 in., Weight _____ lbs./ft., Wall thickness or gauge No. sch 40 TYPE OF SCREEN OR PERFORATION MATERIAL: ☐ Steel ☐ Stainless Steel ☒ PVC ☐ Other (Specify) _____ ☐ Brass ☐ Galvanized Steel ☐ None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: ☐ Continuous slot ☐ Mill slot ☐ Gauge wrapped ☐ Torch cut ☐ Drilled holes ☐ None (open hole) ☐ Louvered shutter ☐ Key punched ☐ Wire wrapped ☐ Saw cut ☒ Other (specify) _____ micron pore diffuser ... SCREEN-PERFORATED INTERVALS: From 25 ft. to 27 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From 24 ft. to 27 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.																																																																																										
6 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other _____ Grout intervals: From 1 ft. to _____ ft., From 24 ft. to _____ ft., From _____ ft. to _____ ft. What is the nearest source of possible contamination: ☐ Septic tank ☐ Lateral lines ☐ Pit privy ☐ Livestock pens ☐ Insecticide storage ☐ Other (specify below) _____ ☐ Sewer lines ☐ Cesspool ☐ Sewage lagoon ☐ Fuel storage ☐ Abandoned water well ☐ Watertight sewer lines ☐ Seepage pit ☐ Feedyard ☐ Fertilizer storage ☐ Oil well/gas well Direction from well _____ Distance from well _____																																																																																										
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☒ constructed, ☐ reconstructed, or ☐ plugged under my jurisdiction and was completed on (mo/day/year) 7/27/2015 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 416 This Water Well Record was completed on (mo/day/year) 8/4/15 under the business name of TERRACON CONSULTANTS INC by (signature) <i>[Signature]</i>																																																																																										
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at: http://www.kdheks.gov/waterwell/index.html .																																																																																										

Kansas Water Wells

Statewide View | Zoom to Location | Filter Wells | Label Wells | Classify Wells | Download Wells | Print to PDF | Clear Highlight | Help



OWNER	WELL USE	OTHER ID
H and R Parts Co	Soil Vacuum Extraction	SVE-1
H and R Parts Co	Soil Vacuum Extraction	SVE-2
H and R Parts Co	Air Sparge	AS-1
H and R Parts Co	Air Sparge	AS-2
H and R Parts Co	Air Sparge	AS-3