

WATER WELL RECORD Form WWC-5

Division of Water Resources App. No. Well ID

Original Record Correction Change in Well

1 LOCATION OF WATER WELL: Use <input type="checkbox"/> Fraction	Section Number	Township Number	Range Number
County: Sedgwick	NE 1/4NW 1/4SW 1/4SW 1/4	14	T 28 S R 1 <input type="checkbox"/> E <input checked="" type="checkbox"/> W

2 WELL OWNER: Last Name: **WILLIAMS** First: **Charles**
 Business: _____ 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:
 Address: **4617 S. Flora Ct.**
 City: **Wichita** State: **Kansas** ZIP: **67215**

<p>3 LOCATE WELL WITH "X" IN SECTION BOX:</p> <p style="text-align: center;">N</p> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 25%;">--NW--</td> <td style="width: 25%;">--NE--</td> </tr> <tr> <td style="width: 25%;">W</td> <td style="width: 25%;">E</td> </tr> <tr> <td>--SW--</td> <td>--SE--</td> </tr> <tr> <td colspan="2" style="text-align: center;">S</td> </tr> </table> <p style="text-align: center;"> -----1 mile----- </p>	--NW--	--NE--	W	E	--SW--	--SE--	S		<p>4 DEPTH OF COMPLETED WELL: 70..... ft.</p> <p>Depth(s) Groundwater Encountered: 1) ft. 2) ft. 3) ft., or 4) <input type="checkbox"/> Dry Well</p> <p>WELL'S STATIC WATER LEVEL: 25..... ft.</p> <p><input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) 11/08/21. <input type="checkbox"/> above land surface, measured on (mo-day-yr).....</p> <p>Pump test data: Well water was ft. after..... hours pumping gpm Well water was ft. after..... hours pumping gpm</p> <p>Estimated Yield:gpm Bore Hole Diameter: 12..... in. to 70..... ft. and in. to ft.</p>	<p>5 Latitude: 37.61140.....(decimal degrees) Longitude: -97.40565.....(decimal degrees) Horizontal Datum: <input checked="" type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 Source for Latitude/Longitude: <input checked="" type="checkbox"/> GPS (unit make/model: iPhone.....) (WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Online Mapper:</p> <p>6 Elevation:ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC Source: <input type="checkbox"/> Land Survey <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other</p>
--NW--	--NE--									
W	E									
--SW--	--SE--									
S										

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?	7. <input type="checkbox"/> Aquifer Recharge: well ID	11. Test Hole: well ID
8. <input type="checkbox"/> Monitoring: well ID	9. Environmental Remediation: well ID	12. Geothermal: how many bores?
<input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection	13. <input type="checkbox"/> Other (specify):	a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water

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 ..**70**..... 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)

SCREEN OR PERFORATION OPENINGS ARE:
 Continuous Slot Mill Slot Gauze Wrapped Torch Cut Drilled Holes Other (Specify)

SCREEN-PERFORATED INTERVALS: From **50**..... ft. to **70**..... ft., From ft. to ft., From ft. to ft.
 GRAVEL PACK INTERVALS: From **24**..... ft. to **70**..... 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? **South**..... Distance from well? **16..ft..plus**..... ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	3	topsoil			
3	25	clay			
25	45	fine sand			
45	65	medium sand			
65	70	clay			
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) **11/08/2021**, 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) **11/10/2021**..... under the business name of **Harp Well and Pump Service**..... Signature **Judd S. Harp**.....