

WATER WELL RECORD Form WWC-5

☒ Original Record ☐ Correction ☐ Change in Well Use

Division of Water
Resources App. No.

Well ID

1 LOCATION OF WATER WELL: County: SEDGWICK		Fraction SE ¼ SW ¼ SW ¼ NW ¼	Section Number 12	Township Number T 28 S	Range Number R 2 <input type="checkbox"/> E <input checked="" type="checkbox"/> W																																										
2 WELL OWNER: Last Name: <u>H & H HOMEBUILDERS INC</u> Business: <u>H & H HOMEBUILDERS INC</u> Address: <u>3530 N BEACH CLUB CIR</u> Address: <u>WICHITA</u> State: <u>KS</u> ZIP: <u>67205</u>		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"/> <u>13497 W 35TH CT S</u> <u>WICHITA KS 67227</u>																																													
3 LOCATE WELL WITH "X" IN SECTION BOX: <div style="text-align: center;"> </div>		4 DEPTH OF COMPLETED WELL:120..... ft. Depth(s) Groundwater Encountered: 1) ft. 2) ft. 3) ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL:28..... ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) 7-22-24 <input type="checkbox"/> 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:12..... in. to120..... ft. and in. to ft.		5 Latitude:37.62907..... (decimal degrees) Longitude:-97.49673..... (decimal degrees) Horizontal Datum: <input checked="" type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 Source for Latitude/Longitude: <u>1-PHONE</u> <input checked="" type="checkbox"/> GPS (unit make/model:) (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:																																											
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																																															
7 WELL WATER TO BE USED AS: 1. Domestic: <input checked="" type="checkbox"/> Household <input type="checkbox"/> Public Water Supply: well ID <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Dewatering: how many wells? <input type="checkbox"/> Livestock <input type="checkbox"/> Aquifer Recharge: well ID 2. <input type="checkbox"/> Irrigation <input type="checkbox"/> Monitoring: well ID 3. <input type="checkbox"/> Feedlot <input type="checkbox"/> Environmental Remediation: well ID 4. <input type="checkbox"/> Industrial <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection 10. <input type="checkbox"/> Oil Field Water Supply: lease 11. Test Hole: well ID <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical 12. Geothermal: how many bores? 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 13. <input type="checkbox"/> Other (specify):																																															
Was a chemical/bacteriological sample submitted to KDHE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, date sample was submitted: Water well disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																															
8 TYPE OF CASING USED: <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other CASING JOINTS: <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded Casing diameter5..... in. to120..... ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface12..... in. Weight2.35..... lbs./ft. Wall thickness or gauge No. <u>SDR26</u> TYPE OF SCREEN OR PERFORATION MATERIAL: <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Concrete tile <input type="checkbox"/> None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: <input type="checkbox"/> Continuous Slot <input checked="" type="checkbox"/> Mill Slot <input type="checkbox"/> Gauze Wrapped <input type="checkbox"/> Torch Cut <input type="checkbox"/> Drilled Holes <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Louvered Shutter <input type="checkbox"/> Key Punched <input type="checkbox"/> Wire Wrapped <input type="checkbox"/> Saw Cut <input type="checkbox"/> None (Open Hole) SCREEN-PERFORATED INTERVALS: From20..... ft. to120..... ft., From ft. to ft., From ft. to ft. GRAVEL PACK INTERVALS: From24..... ft. to120..... ft., From ft. to ft., From ft. to ft.																																															
9 GROUT MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other Grout Intervals: From4..... ft. to24..... ft., From ft. to ft., From ft. to ft. Nearest source of possible contamination: <input checked="" 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 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? <u>SOUTH</u> Distance from well? <u>100+</u> ft.																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>10 FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>LITHO. LOG (cont.) or PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>3</td> <td>TOP SOIL</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td>14</td> <td>CLAY</td> <td></td> <td></td> <td></td> </tr> <tr> <td>14</td> <td>18</td> <td>SUGAR SAND</td> <td></td> <td></td> <td></td> </tr> <tr> <td>18</td> <td>34</td> <td>BROWN SHALE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>34</td> <td>120</td> <td>GRAY SHALE</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="6" style="height: 40px; vertical-align: top;">Notes:</td> </tr> </tbody> </table>		10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS	0	3	TOP SOIL				3	14	CLAY				14	18	SUGAR SAND				18	34	BROWN SHALE				34	120	GRAY SHALE				Notes:						11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo-day-year) <u>7-22-24</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>236</u> This Water Well Record was completed on (mo-day-year) <u>7-23-24</u> under the business name of <u>HARP WELL AND PUMP SERVICE INC.</u> Signature: <u>TODD S. HARP</u>			
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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 KSA 82a-1212 Revised 7/10/2015																																															