

Well ID

1 LOCATION OF WATER WELL: County: SEDGWICK		Fraction <div style="text-align: center;"><div></div>SE¼ SW¼ NW¼ SE¼</div>	Section Number <div style="text-align: center;"><div></div>1</div>	Township Number <div style="text-align: center;"><div></div>T 29 S</div>	Range Number <div style="text-align: center;"><div></div>R 1 E W</div>
2 WELL OWNER: Last Name: Business: KLAUSMEYER CONSTRUCTION LLC Address: 10008 W. YORK ST. City: WICHITA State: KS ZIP: 67215			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"/> 2321 W. COUNTRY LAKES ST HAYSVILLE, KS 67060		
3 LOCATE WELL WITH "X" IN SECTION BOX: N <div style="text-align: center;"><div style="display: inline-block; width: 100px; height: 100px; position: relative;"><div style="position: absolute; top: 0; left: 0;">NW</div><div style="position: absolute; top: 0; right: 0;">NE</div><div style="position: absolute; bottom: 0; left: 0;">SW</div><div style="position: absolute; bottom: 0; right: 0;">SE</div><div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); font-size: 2em;">X</div></div><div style="margin-top: 5px;">S</div><div style="font-size: 0.8em;">-----1 mile-----</div></div>		4 DEPTH OF COMPLETED WELL:70..... ft. Depth(s) Groundwater Encountered: 1) ft. 2) ft. 3) ft., or 4) <input checked="" type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL:28..... ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr). 4-19-2023 <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. to70..... ft. and in. to ft.		5 Latitude:37.55415.....(decimal degrees) Longitude:-97.37791.....(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: I-PHONE)..... (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 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 6. <input type="checkbox"/> Dewatering: how many wells? 7. <input type="checkbox"/> Aquifer Recharge: well ID 8. <input type="checkbox"/> Monitoring: well ID 9. Environmental Remediation: well ID <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. to70..... ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface12..... in. Weight2.35..... lbs./ft. Wall thickness or gauge No. SDR26.....					
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 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 checked="" type="checkbox"/> Saw Cut <input type="checkbox"/> None (Open Hole)					
SCREEN-PERFORATED INTERVALS: From50..... ft. to70..... ft., From ft. to ft., From ft. to ft. GRAVEL PACK INTERVALS: From24..... ft. to70..... 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 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? EAST Distance from well? 20'+ ft.					
10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	3	TOP SOIL			
3	28	FINE SAND			
28	45	FINE SAND			
45	67	MEDIUM SAND			
67	70	CLAY			
			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) 4-19-2023..... 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) 4-22-2023..... 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> KSA 82a-1212 Revised 7/10/2015