

## WATER WELL RECORD Form WWC-5

☒ Original Record ☐ Correction ☐ Change in Well UseDivision of Water  
Resources App. No.

Well ID

<b>1 LOCATION OF WATER WELL:</b> County: <u>COO</u>		Fraction <u>NE 1/4 NE 1/4 NE 1/4 NW 1/4</u>	Section Number <u>19</u>	Township Number <u>T 10 S</u>	Range Number <u>R 5 E W</u>																																																												
<b>2 WELL OWNER:</b> Name: <u>Johnson</u> First: <u>Michael</u> Business: <u>P.O. Box 89</u> Address: <u>104 Lakewood St.</u> City: <u>Milford</u> State: <u>KS</u> ZIP: <u>66514</u>		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 checked="" type="checkbox"/> <u>104 Lakewood St. Milford, KS 66514</u>																																																															
<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> N <table border="1" style="width:100px; height:100px; text-align: center; border-collapse: collapse;"> <tr><td>-- NW --</td><td>-- NE --</td></tr> <tr><td>-- SW --</td><td>-- SE --</td></tr> </table> S ----- 1 mile -----	-- NW --	-- NE --	-- SW --	-- SE --	<b>4 DEPTH OF COMPLETED WELL:</b> <u>120'</u> Depth(s) Groundwater Encountered: 1) <u>76</u> ft. 2) ..... ft. 3) ..... ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: <u>70</u> ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) ..... <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: <u>5</u> gpm + <u>120'</u> Bore Hole Diameter: <u>9"</u> in. to <u>120'</u> ft. and ..... in. to ..... ft.		<b>5 Latitude:</b> <u>39° 16.504</u> (decimal degrees) <b>Longitude:</b> <u>96° 54.920</u> (decimal degrees) Datum: <input 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: .....) (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: .....																																																										
	-- NW --	-- NE --																																																															
-- SW --	-- SE --																																																																
<b>6 Elevation:</b> <u>1237'</u> ft. <input checked="" type="checkbox"/> Ground Level <input type="checkbox"/> TOC Source: <input type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other .....																																																																	
<b>7 WELL WATER TO BE USED AS:</b>																																																																	
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																																																																	
<b>8 TYPE OF CASING USED:</b> <input type="checkbox"/> Steel <input 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 diameter <u>5"</u> in. to <u>100'</u> ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft. Casing height above land surface ..... in. Weight <u>50</u> lbs./ft. Wall thickness or gauge No. .... 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: From <u>100</u> ft. to <u>120</u> ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft. GRAVEL PACK INTERVALS: From <u>30</u> ft. to <u>120</u> ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.																																																																	
<b>9 GROUT MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other ..... Grout Intervals: From <u>5</u> ft. to <u>30</u> 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 checked="" 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>North</u> Distance from well? <u>50'</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>1</td> <td>Top Soil</td> <td>110</td> <td>120'</td> <td>Limestone</td> </tr> <tr> <td>1</td> <td>34</td> <td>Brown sandy clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>34</td> <td>37</td> <td>limestone</td> <td></td> <td></td> <td></td> </tr> <tr> <td>37</td> <td>51</td> <td>yellow shale</td> <td></td> <td></td> <td></td> </tr> <tr> <td>51</td> <td>56</td> <td>limestone</td> <td></td> <td></td> <td></td> </tr> <tr> <td>56</td> <td>66</td> <td>yellow shale</td> <td></td> <td></td> <td></td> </tr> <tr> <td>66</td> <td>76</td> <td>limestone</td> <td></td> <td></td> <td></td> </tr> <tr> <td>76</td> <td>89</td> <td>yellow shale</td> <td></td> <td></td> <td></td> </tr> <tr> <td>89</td> <td>110</td> <td>gray clay shale (water)</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS	0	1	Top Soil	110	120'	Limestone	1	34	Brown sandy clay				34	37	limestone				37	51	yellow shale				51	56	limestone				56	66	yellow shale				66	76	limestone				76	89	yellow shale				89	110	gray clay shale (water)			
10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS																																																												
0	1	Top Soil	110	120'	Limestone																																																												
1	34	Brown sandy clay																																																															
34	37	limestone																																																															
37	51	yellow shale																																																															
51	56	limestone																																																															
56	66	yellow shale																																																															
66	76	limestone																																																															
76	89	yellow shale																																																															
89	110	gray clay shale (water)																																																															
<b>11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> 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-yr) <u>5/2/2018</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>451</u> This Water Well Record was completed on (mo-day-yr) <u>5/16/2016</u> under the business name of <u>Bill Brown Home Drilling</u>																																																																	
INSTRUCTIONS: Send one copy to WATER WELL OWNER and retain one copy for your records. Submit fee of \$5.00 for each constructed well along with one (white) copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-4367. Telephone (785) 296-3565. Visit us at <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> KSA 82a-1212 Revised 9/10/2012																																																																	