

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: <u>Dickinson</u>		Fraction <u>1/4 SW 1/4 SE 1/4 SW 1/4</u>	Section Number <u>25</u>	Township Number <u>T 12 S</u>	Range Number <u>R 1 E</u> <input checked="" type="checkbox"/> <u>E</u> <input type="checkbox"/> <u>W</u>																				
2 WELL OWNER: Last Name: <u>Taylor</u> First: <u>Cody</u> Business: Address: <u>927 Dakota Ln</u> City: <u>Junction, City</u> State: <u>Ks</u> ZIP: <u>66441</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 type="checkbox"/> <u>639 2600 Ave</u> <u>Abilene, Kansas 67410</u>																							
3 LOCATE WELL WITH "X" IN SECTION BOX: N <table border="1" style="width:100%; text-align: center; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td>-- NW --</td><td>-- NE --</td><td> </td><td> </td></tr><tr><td>W</td><td> </td><td> </td><td>E</td></tr><tr><td>-- SW --</td><td>-- SE --</td><td> </td><td> </td></tr><tr><td> </td><td> </td><td>S</td><td> </td></tr></table> [----- 1 mile -----]						-- NW --	-- NE --			W			E	-- SW --	-- SE --					S		4 DEPTH OF COMPLETED WELL: <u>72</u> ft. Depth(s) Groundwater Encountered: 1) <u>15</u> ft. 2) <u> </u> ft. 3) <u> </u> ft., or 4) <input checked="" type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: <u>57</u> ft. <u>20</u> <input 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 <u> </u> ft. after <u> </u> hours pumping <u> </u> gpm Well water was <u> </u> ft. after <u> </u> hours pumping <u> </u> gpm Estimated Yield: <u>3.2</u> gpm Bore Hole Diameter: <u> </u> in. to <u>72</u> ft. and <u> </u> in. to <u> </u> ft.		5 Latitude: <u> </u> (decimal degrees) Longitude: <u> </u> (decimal degrees) Horizontal Datum: <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 Source for Latitude/Longitude: <input type="checkbox"/> GPS (unit make/model: <u> </u>) (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: <u> </u>	
-- NW --	-- NE --																								
W			E																						
-- SW --	-- SE --																								
		S																							
6 Elevation: <u> </u> ft. <input 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 <u> </u>																									
7 WELL WATER TO BE USED AS: 1. Domestic: <input checked="" type="checkbox"/> Household <input 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 <u> </u> 6. <input type="checkbox"/> Dewatering: how many wells? <u> </u> 7. <input type="checkbox"/> Aquifer Recharge: well ID <u> </u> 8. <input type="checkbox"/> Monitoring: well ID <u> </u> 9. Environmental Remediation: well ID <u> </u> a) Air Sparge <input type="checkbox"/> Soil Vapor Extraction b) Recovery <input type="checkbox"/> Injection 10. <input type="checkbox"/> Oil Field Water Supply: lease <u> </u> 11. Test Hole: well ID <u> </u> <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical 12. Geothermal: how many bores? <u> </u> 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): <u> </u>																									
Was a chemical/bacteriological sample submitted to KDHE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, date sample was submitted: <u> </u> 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 <u> </u> 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>72</u> ft., Diameter <u> </u> in. to <u> </u> ft., Diameter <u> </u> in. to <u> </u> ft. Casing height above land surface <u>16</u> in. Weight <u>20.0</u> lbs./ft. Wall thickness or gauge No. <u>2.14</u> SDR <u>21</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) <u> </u> <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) <u> </u> <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>12</u> ft. to <u>72</u> ft., From <u> </u> ft. to <u> </u> ft., From <u> </u> ft. to <u> </u> ft. GRAVEL PACK INTERVALS: From <u>11</u> ft. to <u>72</u> ft., From <u> </u> ft. to <u> </u> ft., From <u> </u> ft. to <u> </u> ft.																									
9 GROUT MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other <u> </u> Grout Intervals: From <u>0</u> ft. to <u>11</u> ft., From <u> </u> ft. to <u> </u> ft., From <u> </u> ft. to <u> </u> ft. Nearest source of possible contamination: <input type="checkbox"/> Septic Tank <input checked="" 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) <u> </u> Direction from well? <u>SOUTHEAST</u> Distance from well? <u>APPROX 9.00</u> ft.																									
10 FROM TO LITHOLOGIC LOG FROM TO LITHO. LOG (cont.) or PLUGGING INTERVALS																									
0		1		DARK TOP SOIL																					
1		3		BROWN CLAY																					
3		19		LITE CLAY & SHALE																					
19		32		GRAY SHALE & CLAY																					
32		36		MAROON SHALE																					
36		50		LITE GRAY SHALE																					
50		53		HARD DARK LIMESTONE																					
53		72		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>5/7/20</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>397</u> This Water Well Record was completed on (mo-day-year) <u>5/14/20</u> under the business name of <u>CENTRAL KANSAS DRILLING</u> Signature <u>James D. Martin</u>																									

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>

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