

## WATER WELL RECORD Form WWC-5

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

Well ID

1 LOCATION OF WATER WELL: County: <u>Dickinson</u> Fraction <u>NW 1/4 SW 1/4 NE 1/4</u> Section Number <u>29</u> Township Number <u>T 12 S</u> Range Number <u>R 4 E</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W																
2 WELL OWNER: Last Name <u>Chapman</u> First <u>Jim</u> Business: <u>3800 Brookfield Rd.</u> Address: <u>Junction City</u> State <u>KS</u> ZIP <u>66441</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): <u>From Chapman Go East 1/2 mile on 2650 to Road Road Go North 1/2 mile to Pasture and East</u>																
3 LOCATE WELL WITH "X" IN SECTION BOX: N <table border="1"><tr><td></td><td></td><td></td></tr><tr><td>--NW--</td><td>X</td><td>--NE--</td></tr><tr><td>--SW--</td><td></td><td>--SE--</td></tr><tr><td>W</td><td></td><td>E</td></tr><tr><td></td><td>S</td><td></td></tr></table>  -----1 mile-----				--NW--	X	--NE--	--SW--		--SE--	W		E		S		4 DEPTH OF COMPLETED WELL: <u>130'</u> ft. Depth(s) Groundwater Encountered: 1) <u>90</u> ft. 2) ..... ft. 3) ..... ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: <u>80</u> ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) <u>10/3/2023</u> <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>20</u> gpm Bore Hole Diameter: <u>9"</u> in. to <u>130'</u> ft. and ..... in. to ..... ft.
--NW--	X	--NE--														
--SW--		--SE--														
W		E														
	S															
5 Latitude <u>N 38° 58.992</u> (decimal degrees) Longitude <u>W 097° 00.466</u> (decimal degrees) Horizontal Datum: <input checked="" type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 Source for Latitude/Longitudes: <input checked="" type="checkbox"/> GPS (unit make/model) <u>GARMIN ETX 20</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: .....																
6 Elevation: <u>1116'</u> ft. <input checked="" 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:<br><input checked="" type="checkbox"/> Household<br><input type="checkbox"/> Lawn & Garden<br><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 ..... | 10. <input type="checkbox"/> Oil Field Water Supply: lease ..... | 11. Test Hole: well ID ..... | 12. Geothermal: how many bores? ..... | 13. <input type="checkbox"/> Other (specify): ..... |
|---|--|-------------------------------------|--|--|---|---|---|---|--|------------------------------|---------------------------------------|---|

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 ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
Casing height above land surface ..... in. Weight 56 lbs./ft. Wall thickness or gauge No. ....

TYPE OF SCREEN OR PERFORATION MATERIAL:

- ☐
- Steel
- ☐
- Stainless Steel
- ☐
- Fiberglass
- ☒
- PVC
- ☐
- Other (Specify) .....
- 
- ☐
- Brass
- ☐
- Galvanized Steel
- ☐
- Concrete tile
- ☐
- None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

- ☐
- Continuous Slot
- ☒
- Mill Slot
- ☐
- Gauze Wrapped
- ☐
- Torch Cut
- ☐
- Drilled Holes
- ☐
- Other (Specify) .....
- 
- ☐
- Louvered Shutter
- ☐
- Key Punched
- ☐
- Wire Wrapped
- ☐
- Saw Cut
- ☐
- None (Open Hole)

SCREEN-PERFORATED INTERVALS: From 110 ft. to 130 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.GRAVEL PACK INTERVALS: From 30 ft. to 130 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other .....Grout intervals: From 5 ft. to 30 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.Nearest source of possible contamination: None Close

- |   |  |  |   |   |
|---|--|--|---|---|
| <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 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? ..... Distance from well? ..... ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	1	Top Soil	90	106	LIMESTONE (Water)
1	21	Tan Shale	106	113	Tan Shale
21	31	Brown Clay	113	118	LIMESTONE
31	36	Limestone	118	130	Gray Oil Shale
36	42	Yellow Shale			
42	58	Limestone			
58	69	Gray Shale			
69	72	Limestone			
72	90	Gray Shale			

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-yr) 10/3/2023 and this record is true to the best of my knowledge and belief.  
Kansas Water Well Contractor's License No. 451 This Water Well Record was completed on (mo-day-yr) 10/4/2023  
under the business name of Haldeman Well Drilling Craig Haldeman

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 1/20/2015