

**WATER WELL RECORD Form WWC-5**

Division of Water Resources App. No.  

Well ID  

Original Record  Correction  Change in Well Use

**1 LOCATION OF WATER WELL:** County: OSAGE Fraction: N 1/4 S 1/4 E 1/4 SW 1/4 Section Number: 30 Township Number: T 12 S Range Number: R 6 E  W  N

**2 WELL OWNER:** Last Name: LOCKRON First: RANDY 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:   
 Business: 1216 North Brady From J.L. Go To I 70 AT Grandview Plaza  
 Address: Abilene State: KS ZIP: 67410 Thin 60 South West 6 miles to Skiddy Rd then 3/4th

**3 LOCATE WELL WITH "X" IN SECTION BOX:**

N

NW	NE
SW	SE

W E

S

1 mile

**4 DEPTH OF COMPLETED WELL:** 120' ft.

Depth(s) Groundwater Encountered: 1) ..... ft.  
 2) ..... ft. 3) ..... ft. or 4)  Dry Well

WELL'S STATIC WATER LEVEL: 4.3 ft.  
 below land surface, measured on (mo-day-yr) 4/5/2021  
 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: 2 gpm  
 Bore Hole Diameter: 9" in. to 120' ft. and ..... in. to ..... ft.

**5 Latitude:** N 38° 58.500 (decimal degrees) 3/4 of mile  
**Longitude:** W 096° 48.536 (decimal degrees)  
 Horizontal Datum:  WGS 84  NAD 83  NAD 27  
 Source for Latitude/Longitude: SARMIN E TOPX 20  
 GPS (unit make/model: .....) (WAAS enabled?  Yes  No)  
 Land Survey  Topographic Map  
 Online Mapper: .....

**6 Elevation:** 1173' ft.  Ground Level  TOC  
 Source:  Land Survey  GPS  Topographic Map  
 Other .....

**7 WELL WATER TO BE USED AS:**

1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input checked="" type="checkbox"/> Livestock <input type="checkbox"/> Irrigation <input type="checkbox"/> Feedlot <input type="checkbox"/> Industrial	5. <input type="checkbox"/> Public Water Supply: well ID .....	10. <input type="checkbox"/> Oil Field Water Supply: lease .....
2. <input type="checkbox"/> Air Sparge	6. <input type="checkbox"/> Dewatering: how many wells? .....	11. Test Hole: well ID .....
3. <input type="checkbox"/> Recovery	7. <input type="checkbox"/> Aquifer Recharge: well ID .....	<input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical
4. <input type="checkbox"/> Injection	8. <input type="checkbox"/> Monitoring: well ID .....	12. Geothermal: how many bores? .....
9. Environmental Remediation: well ID .....	<input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction	a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical
<input type="checkbox"/> Recovery <input type="checkbox"/> Injection	10. <input type="checkbox"/> Recovery <input type="checkbox"/> Injection	b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water
	11. <input type="checkbox"/> Recovery <input type="checkbox"/> Injection	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: 5" in. to 120' ft. Diameter: ..... in. to ..... ft. Diameter: ..... in. to ..... ft.

Casing height above land surface: 2' in. Weight: 5.4 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 100 ft. to 120 ft. From ..... ft. to ..... ft. From ..... ft. to ..... ft.

**GRAVEL PACK INTERVALS:** From ..... ft. to ..... ft. From ..... ft. to ..... ft. From ..... ft. to ..... ft.

**9 GROUT MATERIAL:**  Neat cement  Cement grout  Bentonite  Other .....

Grout intervals: From 5 ft. to 25 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	87	110	Brown shale
1	24	Brown Clay	110	120	Grey oily shale
24	27	Limestone			
27	46	Grey shale			
46	57	Limestone (Water)			
57	68	Tan shale			
68	72	Limestone			
72	78	Grey shale			
78	87	Limestone			

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-year) 4/5/2021 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-year) 4/6/2021 under the business name of Produce Well Drilling

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