

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: Dickinson	Fraction ¼ NE ¼ SW ¼ SE ¼	Section Number 25	Township Number T 14 S	Range Number R 1 <input checked="" type="checkbox"/> E <input type="checkbox"/> W
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2 WELL OWNER: Last Name: Nagely Business: Nagely Address: 1423 Eden Rd City: Abilene State: Ks ZIP: 67410	First: Donald 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"/> 1425 Fair Rd Abilene, Kansas
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3 LOCATE WELL WITH "X" IN SECTION BOX:
N

NW	NE
SW	SE

S

-----1 mile-----

4 DEPTH OF COMPLETED WELL:46..... ft.
 Depth(s) Groundwater Encountered: 1)1.8..... ft.
 2)26..... ft. 3)34..... ft., or 4) Dry Well
WELL'S STATIC WATER LEVEL:16..... ft.
 below land surface, measured on (mo-day-yr) 3/.1.7/.15
 above land surface, measured on (mo-day-yr).....
 Pump test data: Well water was2.4..... ft.
 after1 ½..... hours pumping ..30..... gpm
 Well water was ft.
 after hours pumping gpm
 Estimated Yield:30..... gpm
 Bore Hole Diameter:9..... in. to46..... ft. and
 in. to ft.

5 Latitude:(decimal degrees)
Longitude:(decimal degrees)
 Datum: WGS 84 NAD 83 NAD 27
Source for Latitude/Longitude:
 GPS (unit make/model:)
 (WAAS enabled? Yes No)
 Land Survey Topographic Map
 Online Mapper:

6 Elevation: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	5. <input type="checkbox"/> Public Water Supply: well ID	10. <input type="checkbox"/> Oil Field Water Supply: lease
2. <input type="checkbox"/> Irrigation	6. <input type="checkbox"/> Dewatering: how many wells?	11. Test Hole: well ID
3. <input type="checkbox"/> Feedlot	7. <input type="checkbox"/> Aquifer Recharge: well ID	<input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical
4. <input type="checkbox"/> Industrial	8. <input type="checkbox"/> Monitoring: well ID	12. Geothermal: how many bores?
	9. Environmental Remediation: well ID	a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical
	<input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction	b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water
	<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 diameter5..... in. to46..... ft., Diameter in. to ft., Diameter in. to ft.
 Casing height above land surface2.4..... in. Weight200..... lbs./ft. Wall thickness or gauge No. .250.....
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: From1.9..... ft. to46..... ft., From ft. to ft., From ft. to ft.
GRAVEL PACK INTERVALS: From1.7..... ft. to46..... ft., From ft. to ft., From ft. to ft.

9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other

Grout Intervals: From0..... ft. to1.7..... 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 checked="" 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? ...EAST...NORTHEAST..... Distance from well?280+...APPROX..... ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	DARK TOP SOIL			
2	14	BROWN & TAN CLAY			
14	38	LITE COLOR SHALE			
38	41	GRAY SHALE & CLAY			
41	46	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-year) 3/.1.7/.15..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No.397..... This Water Well Record was completed on (mo-day-year) 4/.3/.15..... under the business name of .CENTRAL.KANSAS.DRILLING.....

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 66612-1367. Telephone (785) 296-3565.