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: Osage

Fraction	Section Number	Township Number	Range Number
NE ¼ SW ¼ NE ¼ SE ¼	29	T 15 S	R 14 ☑ E ☐ W

2 WELL OWNER: Last Name: Kip First: Brad
Business: Kip
Address: 19411 S. Valencia rd
Address:
City: Burlingame State: KS ZIP: 66413

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: ☑

3 LOCATE WELL WITH "X" IN SECTION BOX:

N
- - NW - - | - - NE - -
W | E
- - SW - - | - - SE - - X
S
|----------1 mile---------|

4 DEPTH OF COMPLETED WELL: ….100…. ft.
Depth(s) Groundwater Encountered: 1) ……14…… ft.
2) …….. ft. 3) …….. ft., or 4) ☐ Dry Well
WELL'S STATIC WATER LEVEL: ……16…… ft.
☑ below land surface, measured on (mo-day-yr)……09/13/2021……
☐ 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: …1.5….gpm
Bore Hole Diameter: ….10…. in. to ….100…. ft. and
…… in. to …… ft.

5 Latitude: ……38.715153……(decimal degrees)
Longitude: ……-95.874631……(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:
   ☑ Household
   ☐ Lawn & Garden
   ☐ Livestock
2. ☐ Irrigation
3. ☐ Feedlot
4. ☐ Industrial
5. ☐ Public Water Supply: well ID ……
6. ☐ Dewatering: how many wells? ……
7. ☐ Aquifer Recharge: well ID ……
8. ☐ Monitoring: well ID ……
9. Environmental Remediation: well ID ……
   ☐ Air Sparge ☐ Soil Vapor Extraction
   ☐ Recovery ☐ Injection
10. ☐ Oil Field Water Supply: lease ……
11. Test Hole: well ID ……
    ☐ Cased ☐ Uncased ☐ Geotechnical
12. Geothermal: how many bores? ……
    a) Closed Loop ☐ Horizontal ☐ Vertical
    b) Open Loop ☐ Surface Discharge ☐ Inj. of Water
13. ☐ 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 ……6…… in. to ……100…… ft., Diameter …… in. to …… ft., Diameter …… in. to …… ft.
Casing height above land surface ……24…… in. Weight …… lbs./ft. Wall thickness or gauge No. SDR26
TYPE OF SCREEN OR PERFORATION MATERIAL:
☐ Steel ☐ Stainless Steel ☑ PVC ☐ Other (Specify) ……
☐ Brass ☐ Galvanized Steel ☐ 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 …10…… ft. to …20…… ft., From …… ft. to …… ft., From …… ft. to …… ft.
GRAVEL PACK INTERVALS: From …9…… ft. to …23…… ft., From …32…… ft. to …100…… ft., From …… ft. to …… ft.

9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☑ Bentonite ☐ Other ……
Grout Intervals: From …0…… ft. to …9…… ft., From …23…… ft. to …32…… ft., From …… ft. to …… ft.
Nearest source of possible contamination: ☐ No potential source of contamination within 200 ft.
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage
☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well
☑ Other (Specify) House……
Direction from well? …NW…… Distance from well? …200…… ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	7	Shale, tan	48	56	Limestone
7	9	Limestone	56	100	Shale, gray
9	14	Alt Tan & Gray shale			
14	17	Sandstone			
17	21	Shale, gray			
21	23	Limestone			
23	28	Shale, gray			
28	32	Limestone			
32	48	Shale, gray			

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) …09/13/2021…… and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. …760…… This Water Well Record was completed on (mo-day-year) …09/13/2021…… under the business name of Associated Drilling, Inc.

Send one copy to WATER WELL OWNER and retain one for your records. Fee of $5.00 for each constructed well.
KS Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-3565.
Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212