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: Johnson | Fraction: N2 ¼ SW ¼ NE ¼ NE ¼ | Section Number: 10 | Township Number: T 15 S | Range Number: R 24 ☑ E ☐ W

2 WELL OWNER: Last Name: Wittig First: Randy
Business:
Address: 12223 W 199th St
Address:
City: Spring Hill State: KS ZIP: 66083

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 - - (X)
W | E
- - SW - - | - - SE - -
S
|----------1 mile---------|

4 DEPTH OF COMPLETED WELL: ….190…. ft.
Depth(s) Groundwater Encountered: 1) …….…..…. ft.
2) …….. ft. 3) …….. ft., or 4) ☑ Dry Well
WELL'S STATIC WATER LEVEL: ……..…… ft.
☐ below land surface, measured on (mo-day-yr)…..…..…..
☐ 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: ……...gpm
Bore Hole Diameter: …..6….. in. to ..…190…. ft. and
…… in. to ……. ft.

5 Latitude: ……38.765173…….(decimal degrees)
Longitude: ……94.726728……..…(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? .....9.....
    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 HDPE…….. CASING JOINTS: ☐ Glued ☐ Clamped ☑ Welded ☐ Threaded
Casing diameter ……75…..... in. to …..190…….. ft., Diameter …….. in. to …..…….. ft., Diameter ……..….. in. to …..…….. ft.
Casing height above land surface ……0…… in. Weight ……..…… lbs./ft. Wall thickness or gauge No. SDR11……

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 ……..…. ft. to ……..…. 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 ……0……. ft. to ..190……. ft., From ……..…. ft. to ……..…. 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? ..East…… Distance from well? ..10…… ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	8	Clay	173	177	Limestone
8	10	Shale, yellow	177	190	Shale, gray
10	16	Shale, red			
16	76	Limestone			
76	81	Shale, gray			
81	108	Limestone			
108	143	Shale, gray			
143	155	Limestone			
155	173	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) ..3/24/2021……. 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) ..3/25/2021…..…… 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