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 NW ¼ SW ¼ SW ¼ | Section Number: 22 | Township Number: T 16 S | Range Number: R 1 ☒ E ☐ W

2 WELL OWNER: Last Name: Meyer First: Loren
Business:
Address: 23 Lakeside Drive
Address:
City: Lindsborg State: Ks ZIP: 67456

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: ☐
451 - 300 Ave
Carlton, Ks

3 LOCATE WELL WITH "X" IN SECTION BOX:

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

4 DEPTH OF COMPLETED WELL: ....32..... ft.
Depth(s) Groundwater Encountered: 1) .....10..... ft. 2) ..... ft. 3) ..... ft., or 4) ☐ Dry Well
WELL'S STATIC WATER LEVEL: .....7..... ft.
☐ below land surface, measured on (mo-day-yr)..4/.13/.16
☐ 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: ...7.....gpm
Bore Hole Diameter: .....9.... in. to .....32.... 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: ☒ 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 .....5..... in. to .....32..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.
Casing height above land surface .....15.... in. Weight .sch...40.... 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 .....10 ft. to .....32.. ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.
GRAVEL PACK INTERVALS: From ..9..... ft. to .....32.. ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other .....
Grout Intervals: From ....0..... ft. to .....9.... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.
Nearest source of possible contamination:
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☒ Livestock Pens ☐ Insecticide Storage
☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☒ Abandoned [redacted]
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well
☐ Other (Specify) .....
Direction from well? ....WEST..... Distance from well? APPROX 125..... ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	10	BROWN & TAN CLAY			
10	32	DARK SOFT CLAY			
			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./.13./.16..... 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/.27./.16..... 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.

Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 9/10/2012