

**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 SW ¼ NW ¼ SW ¼ Section Number 14 Township Number T 16 S Range Number R 4 E  W

**2 WELL OWNER:** Last Name: Thomas First: Russel 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: Thomas Russel  
 Address: 923 W. Main St 434 Union Rd  
 City: Herington State: Ks ZIP: 67449 Herington, Ks

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

N	
-- NW --	-- NE --
W	E
* SW *	-- SE --
S	

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

**4 DEPTH OF COMPLETED WELL:** .....72... ft.  
 Depth(s) Groundwater Encountered: 1) .....5.4..... 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) 1.1/3/16  
 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: .....20..... gpm  
 Bore Hole Diameter: .....9..... in. to .....7.2..... 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 checked="" type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock 2. <input type="checkbox"/> Irrigation 3. <input type="checkbox"/> Feedlot 4. <input type="checkbox"/> Industrial	5. <input type="checkbox"/> Public Water Supply: well ID ..... 6. <input type="checkbox"/> Dewatering: how many wells? ..... 7. <input type="checkbox"/> Aquifer Recharge: well ID ..... 8. <input type="checkbox"/> Monitoring: well ID ..... 9. Environmental Remediation: well ID ..... <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection	10. <input type="checkbox"/> Oil Field Water Supply: lease ..... 11. Test Hole: well ID ..... <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical 12. Geothermal: how many bores? ..... a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water 13. <input type="checkbox"/> Other (specify): .....
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**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 .....7.2..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
 Casing height above land surface .....1.8..... in. Weight .....200..... lbs./ft. Wall thickness or gauge No. 2.50.....  
**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 .....4.7... ft. to .....6.7... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
**GRAVEL PACK INTERVALS:** From .....2.4... ft. to .....7.2... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**9 GROUT MATERIAL:**  Neat cement  Cement grout  Bentonite  Other .....  
 Grout Intervals: From .....0..... ft. to .....2.4..... 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 Water Well  
 Watertight Sewer Lines  Seepage Pit  Feedyard  Fertilizer Storage  Oil Well/Gas Well  
 Other (Specify) .....  
 Direction from well? SOUTHWEST APPROX Distance from well? .....125..... will be ..... ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	3½	LIMESTONE	52	66	LITE COLOR SHALE
3½	3	LITE COLOR SHALE	66	72	GRAY SHALE
8	26	GRAY SHALE			
26	38	RED SHALE			
38	39	LIMESTONE			
39	43	LITE GRAY SHALE			
43	49	LIMESTONE			
49	51	LITE COLOR SHALE			
51	62	LIMESTONE			

**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) 1.1/3/16..... 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) 1/9/16..... under the business name of CENTRAL KANSAS DRILLING.....