

**WATER WELL RECORD Form WWC-5** 1243671

Division of Water Resources App. No.

[ ]

Well ID

[ ]

Original Record  Correction  Change in Well Use

**1 LOCATION OF WATER WELL:**

Fraction

Section Number

Township Number

Range Number

County:

1/4 1/4 1/4 1/4

T S

R  E  W

**2 WELL OWNER:** Last Name:

First:

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:

Address:

Address:

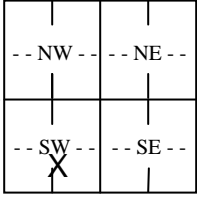
City:

State:

ZIP:

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

N



S

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

**4 DEPTH OF COMPLETED WELL:** ..... 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: ..... in. to ..... 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 ..... in. to ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.

Casing height above land surface ..... in. Weight ..... 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 ..... 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 ..... ft. to ..... 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? ..... Distance from well? ..... ft.

**10 FROM TO LITHOLOGIC LOG FROM TO LITHO. LOG (cont.) or PLUGGING INTERVALS**

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS

**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) ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... This Water Well Record was completed on (mo-day-year) ..... under the business name of .....

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

Form	WWC5
Contractor	Drill-Well, LLC
Well Owner	Terry Reschke
Doc ID	1243671

Litholgy

From	To	LithologicLog
0	5	no sample
5	10	silty clay dark brown
10	28	silty clay brown
28	34	sandy clay light brown
34	40	sandy clay light gray soft
40	41	sand M-C brown
41	46	silty clay gray
46	60	sand M-VC brown clean
60	68	silty clay gray
68	70	sand and gravel clean
70	79	silty clay gray
79	85	sand M-C semi clean
85	90	sandy clay some VF sand
90	95	sand F few clay layers
95	100	sand F-M
100	103	sand M-C
103	113	gravel
113	117	shale gray
117	117.5	limestone