

# WATER WELL RECORD Form WWC-5

Division of Water Resources App. No.

Well ID

Original Record  Correction  Change in Well Use

<b>1 LOCATION OF WATER WELL:</b> County: WASHINGTON	Fraction SE ¼ SE ¼ NE ¼ SE ¼	Section Number 16	Township Number T 1 S	Range Number R 3 <input checked="" type="checkbox"/> E <input type="checkbox"/> W
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**2 WELL OWNER:** Last Name: MILLER First: TRISTAN  
 Business Address: 2729 OSAGE ROAD  
 City: HOLLENBERG State: KS ZIP: 66946  
 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:

<p><b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b></p> <div style="text-align: center;"> </div> <p style="text-align: center;">-----1 mile-----</p>	<p><b>4 DEPTH OF COMPLETED WELL:</b> .....150..... ft.                  Depth(s) Groundwater Encountered: 1) ..... ft.                  2) ..... ft. 3) ..... ft., or 4) <input type="checkbox"/> Dry Well                  WELL'S STATIC WATER LEVEL: .....90..... ft.  <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) 10/17/2022  <input type="checkbox"/> 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: .....15..... gpm                  Bore Hole Diameter: .....9..... in. to .....150..... ft. and                  ..... in. to ..... ft.</p>	<p><b>5 Latitude:</b> .....39-57-46.80 N..... (decimal degrees)  <b>Longitude:</b> .....97-05-17.70 W..... (decimal degrees)                  Horizontal Datum: <input checked="" type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27                  Source for Latitude/Longitude:  <input checked="" type="checkbox"/> GPS (unit make/model: MINI GPS .....)                  (WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No)  <input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map  <input type="checkbox"/> Online Mapper: .....</p>
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**7 WELL WATER TO BE USED AS:**

1. Domestic: <input checked="" type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock <input type="checkbox"/> Irrigation <input type="checkbox"/> Feedlot <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 .....140..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
 Casing height above land surface .....18..... in. Weight .....2.8..... lbs./ft. Wall thickness or gauge No. 265.....  
**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 .....140..... ft. to .....150..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
**GRAVEL PACK INTERVALS:** From .....25..... ft. to .....125..... ft., From .....130..... ft. to .....150..... ft., From ..... ft. to ..... ft.

**9 GROUT MATERIAL:**  Neat cement  Cement grout  Bentonite  Other .....  
 Grout Intervals: From .....0..... ft. to .....25..... ft., From .....125..... ft. to .....130..... 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? SOUTHEAST Distance from well? 200 ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	TOPSOIL	148	150	GRAY CLAY
2	11	TAN CLAY			
11	14	SANDSTONE (YELLOW)			
14	28	TAN & BROWN CLAY			
28	30	ROCK LAYER (HARD)			
30	77	RED & WHITE CLAY			
77	79	SANDSTONE (YELLOW)			<b>Notes:</b>
79	137	RED & WHITE CLAY			
137	148	SANNDSTONE (GRAY)			

**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) 10/17/2022 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 518 ..... This Water Well Record was completed on (mo-day-year) 10/23/2022 under the business name of BLUE VALLEY DRILLING INC. Signature [Signature]