

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:		Fraction 1/4 SW 1/4 NE 1/4 NW 1/4	Section Number 19	Township Number T 27 S	Range Number R 31 E W
2 WELL OWNER: Last Name: <u>Phillips</u> First: <u>Kim</u> Business: <u>340 Oakmont St</u> Address: <u>Andover</u> Address: <u>Ks</u> ZIP: <u>67106</u>		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: <input checked="" type="checkbox"/>			

3 LOCATE WELL WITH "X" IN SECTION BOX: N <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="text-align: center;">X</td><td style="text-align: center;">I</td></tr><tr><td style="text-align: center;">NW</td><td style="text-align: center;">NE</td></tr><tr><td style="text-align: center;">W</td><td style="text-align: center;">E</td></tr><tr><td style="text-align: center;">SW</td><td style="text-align: center;">SE</td></tr><tr><td style="text-align: center;">S</td><td></td></tr></table> 1 mile	X	I	NW	NE	W	E	SW	SE	S		4 DEPTH OF COMPLETED WELL: <u>98</u> ft. Depth(s) Groundwater Encountered: 1) ft. 2) ft. 3) ft., or 4) <input checked="" type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: <u>33</u> ft. <input type="checkbox"/> below land surface, measured on (mo-day-yr)..... <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: gpm Bore Hole Diameter: <u>12</u> in. to ft. and in. to ft.	5 Latitude:(decimal degrees) Longitude:(decimal degrees) Datum: <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 Source for Latitude/Longitude: <input type="checkbox"/> GPS (unit make/model:) (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:
X	I											
NW	NE											
W	E											
SW	SE											
S												
	6 Elevation: ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC Source: <input type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other											

7 WELL WATER TO BE USED AS:	1. Domestic: <input type="checkbox"/> Public Water Supply: well ID	5. <input type="checkbox"/> Dewatering: how many wells?	10. <input type="checkbox"/> Oil Field Water Supply: lease
2. Household: <input type="checkbox"/> Household	6. <input type="checkbox"/> Aquifer Recharge: well ID	11. Test Hole: well ID	<input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical
<input checked="" type="checkbox"/> Lawn & Garden	7. <input type="checkbox"/> Monitoring: well ID	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
<input type="checkbox"/> Livestock	9. Environmental Remediation: well ID	13. <input type="checkbox"/> Other (specify):	
2. Irrigation	<input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction		
3. Feedlot	<input type="checkbox"/> Recovery <input type="checkbox"/> Injection		
4. Industrial			

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
0	2	Top Soil			
2	7	Clay			
7	21	Green Shale			
21	91	Blue Shale			
91	98	Limestone			

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) 12/28 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 16-11. This Water Well Record was completed on (mo-day-year) 1/26/13 under the business name of Chase 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.