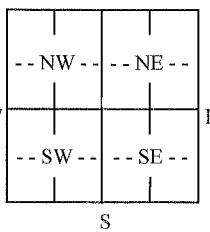


**WATER WELL RECORD Form WWC-5**

 Division of Water  
Resources App. No.

Well ID

 Original Record  Correction  Change in Well Use

<b>1 LOCATION OF WATER WELL:</b> County: <i>BUTLER</i>		Fraction <i>SW 1/4 SW 1/4 SE 1/4 1/4</i>	Section Number <i>29</i>	Township Number <i>T 27 S</i>	Range Number <i>R 3 NE 1/4 W</i>	
<b>2 WELL OWNER:</b> Last Name: <i>BALL NEWMAYER</i> Business: Address: Address: City:		First: <i>PHYLIS</i>	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 type="checkbox"/>			
		State: <i>KS</i>	ZIP: <i>67002</i>			
<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> N  	<b>4 DEPTH OF COMPLETED WELL:</b> <i>200</i> ft. Depth(s) Groundwater Encountered: 1) ..... ft. 2) ..... ft. 3) ..... ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: ..... 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: ..... in. to ..... ft. and ..... in. to ..... ft.		<b>5 Latitude:</b> .....(decimal degrees) <b>Longitude:</b> .....(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: .....			

**7 WELL WATER TO BE USED AS:**

1. Domestic:	<input type="checkbox"/> Public Water Supply: well ID .....
<input type="checkbox"/> Household	<input type="checkbox"/> Dewatering: how many wells? .....
<input type="checkbox"/> Lawn & Garden	<input type="checkbox"/> Aquifer Recharge: well ID .....
<input type="checkbox"/> Livestock	<input type="checkbox"/> Monitoring: well ID .....
2. Irrigation	<input type="checkbox"/> Environmental Remediation: well ID .....
3. Feedlot	<input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction
4. Industrial	<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? <i>3</i> 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): .....	

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 *poly* 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:**

<input type="checkbox"/> Steel	<input type="checkbox"/> Stainless Steel	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> PVC	<input type="checkbox"/> Other (Specify) .....
<input type="checkbox"/> Brass	<input type="checkbox"/> Galvanized Steel	<input type="checkbox"/> Concrete tile	<input type="checkbox"/> None used (open hole)	

**SCREEN OR PERFORATION OPENINGS ARE:**

<input type="checkbox"/> Continuous Slot	<input type="checkbox"/> Mill Slot	<input type="checkbox"/> Gauze Wrapped	<input type="checkbox"/> Torch Cut	<input type="checkbox"/> Drilled Holes	<input type="checkbox"/> Other (Specify) .....
<input type="checkbox"/> Louvered Shutter	<input type="checkbox"/> Key Punched	<input type="checkbox"/> Wire Wrapped	<input type="checkbox"/> Saw Cut	<input type="checkbox"/> 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:**

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> Lateral Lines	<input type="checkbox"/> Pit Privy	<input type="checkbox"/> Livestock Pens	<input type="checkbox"/> Insecticide Storage
<input checked="" type="checkbox"/> Sewer Lines	<input type="checkbox"/> Cess Pool	<input type="checkbox"/> Sewage Lagoon	<input type="checkbox"/> Fuel Storage	<input type="checkbox"/> Abandoned Water Well
<input type="checkbox"/> Watertight Sewer Lines	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Feedyard	<input type="checkbox"/> Fertilizer Storage	<input type="checkbox"/> Oil Well/Gas Well
<input type="checkbox"/> Other (Specify) .....				

Direction from well? *SW* Distance from well? *125* ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
<i>0</i>	<i>5</i>	<i>TOPSOIL</i>			
<i>5</i>	<i>20</i>	<i>CAL</i>			
<i>20</i>	<i>200</i>	<i>SHALE/CLAY MIX</i>			

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) *11-23-13*, and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. *035*. This Water Well Record was completed on (mo-day-year) *11-23-13* under the business name of *BASCAL GEOTECHNICAL DRILLING INC.*

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