

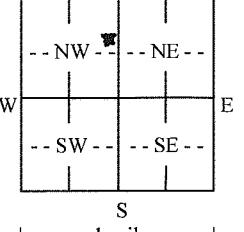
## WATER WELL RECORD Form WWC-5

Division of Water  
Resources App. No.

Well ID

 Original Record  Correction  Change in Well Use

1 LOCATION OF WATER WELL:		Fraction County: <i>Bell</i> <i>SE 1/4 NE 1/4 NW 1/4</i>	Section Number <i>6</i>	Township Number <i>T 27 S</i>	Range Number <i>R 3 N</i> <input checked="" type="checkbox"/> W
2 WELL OWNER: Last Name: <i>Johnson</i> First: <i>Shawn</i> Business: <i>2716 N Bluestone St</i> Address: Address: City: <i>Cindorow</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 checked="" type="checkbox"/>			

3 LOCATE WELL WITH "X" IN SECTION BOX:  	4 DEPTH OF COMPLETED WELL: <i>109</i> ft. Depth(s) Groundwater Encountered: 1) ..... ft. 2) ..... ft. 3) ..... ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: <i>33</i> 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: <i>12</i> 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: .....
		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 .....
<input type="checkbox"/> Household	<input type="checkbox"/> Dewatering: how many wells? .....
<input checked="" type="checkbox"/> Lawn & Garden	<input type="checkbox"/> Aquifer Recharge: well ID .....
<input type="checkbox"/> Livestock	<input type="checkbox"/> Monitoring: well ID .....
2. <input type="checkbox"/> Irrigation	<input type="checkbox"/> Environmental Remediation: well ID .....
3. <input type="checkbox"/> Feedlot	<input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction
4. <input type="checkbox"/> 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? .....
	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 ..... CASING JOINTS:  Glued  Clamped  Welded  Threaded  
Casing diameter ..... *5* in. to ..... *109* ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
Casing height above land surface ..... *16* in. Weight ..... *160* lbs./ft. Wall thickness or gauge No. *26*

## TYPE OF SCREEN OR PERFORATION MATERIAL:

<input type="checkbox"/> Steel	<input type="checkbox"/> Stainless Steel	<input type="checkbox"/> Fiberglass	<input checked="" 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 checked="" 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 checked="" type="checkbox"/> Key Punched	<input type="checkbox"/> Wire Wrapped	<input type="checkbox"/> Saw Cut	<input type="checkbox"/> None (Open Hole)	

SCREEN-PERFORATED INTERVALS: From ..... *45* ft. to ..... *109* ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From ..... *24* ft. to ..... *109* ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

9 GROUT MATERIAL:  Neat cement  Cement grout  Bentonite  Other .....

Grout Intervals: From ..... *4* ft. to ..... *24* 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 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 checked="" 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? ..... *West* Distance from well? ..... *75'* ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
<i>0</i>	<i>2</i>	<i>Top Soil</i>			
<i>2</i>	<i>7</i>	<i>Clay</i>			
<i>7</i>	<i>96</i>	<i>Shale</i>			
<i>96</i>	<i>105</i>	<i>limestone</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) *12-30-13* and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. *615*. This Water Well Record was completed on (mo-day-year) *1-30-14* 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.

Visit us at <http://www.kdheks.gov/waterwell/index.html>

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