

# WATER WELL RECORD Form WWC-5

☐ Original Record ☐ Correction ☐ Change in Well Use

Division of Water  
Resources App. No.

Well ID

|  |  |  |                             |                                 |                              |
|--|--|--|-----------------------------|---------------------------------|------------------------------|
| <b>1 LOCATION OF WATER WELL:</b><br>County: <u>MARSHALL</u>  |  | Fraction<br><u>NW 1/4 NW 1/4 NW 1/4</u>  | Section Number<br><u>12</u> | Township Number<br><u>T 2 S</u> | Range Number<br><u>R 7 E</u> |
| <b>2 WELL OWNER:</b> Last Name: <u>MOSER</u> First: <u>STEVE</u><br>Business:<br>Address: <u>1215 GRANITE ROAD</u><br>City: <u>MARYSVILLE</u> State: <u>KS</u> ZIP: <u>66508</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 type="checkbox"/><br><u>EAST ON 36 HWY FROM MARYSVILLE TO 12 TH ROAD, NORTH 4 MILES.</u> |                             |                                 |                              |

|   |  |  |
|---|--|--|
| <b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b><br> | <b>4 DEPTH OF COMPLETED WELL:</b> <u>50</u> ft.<br>Depth(s) Groundwater Encountered: 1) ..... ft.<br>2) ..... ft. 3) ..... ft. or 4) <input type="checkbox"/> Dry Well<br>WELL'S STATIC WATER LEVEL: <u>11</u> ft.<br><input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) <u>12/12/2014</u><br><input type="checkbox"/> above land surface, measured on (mo-day-yr) .....<br>Pump test data: Well water was ..... ft.<br>after ..... hours pumping ..... gpm<br>Well water was ..... ft.<br>after ..... hours pumping ..... gpm<br>Estimated Yield: <u>20</u> gpm<br>Bore Hole Diameter: <u>8</u> in. to <u>5.0</u> ft. and ..... in. to ..... ft. | <b>5 Latitude:</b> ..... (decimal degrees)<br><b>Longitude:</b> ..... (decimal degrees)<br>Datum: <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27<br>Source for Latitude/Longitude:<br><input type="checkbox"/> GPS (unit make/model: .....)<br>(WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No)<br><input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map<br><input type="checkbox"/> Online Mapper: ..... |
|   | <b>6 Elevation:</b> ..... ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC<br>Source: <input type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map<br><input type="checkbox"/> Other .....   |  |

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

|  |  |                                     |  |  |   |   |   |   |  |   |   |   |
|--|--|-------------------------------------|--|--|---|---|---|---|--|---|---|---|
| 1. Domestic:<br><input checked="" type="checkbox"/> Household<br><input type="checkbox"/> Lawn & Garden<br><input checked="" type="checkbox"/> Livestock | 2. <input type="checkbox"/> Irrigation | 3. <input type="checkbox"/> Feedlot | 4. <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 .....<br><input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction<br><input type="checkbox"/> Recovery <input type="checkbox"/> Injection | 10. <input type="checkbox"/> Oil Field Water Supply: lease ..... | 11. Test Hole: well ID .....<br><input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical | 12. Geothermal: how many bores? .....<br>a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical<br>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 1.5 in. to 1.0 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. 26.5

**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 10 ft. to 20 ft., From 30 ft. to 50 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 3 ft. to 10 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? SOUTHEAST Distance from well? 80 ft.

| 10 FROM | TO | LITHOLOGIC LOG           | FROM | TO | LITHO. LOG (cont.) or PLUGGING INTERVALS |
|---------|----|--------------------------|------|----|--|
| 0       | 8  | BROWN CLAY               |      |    |  |
| 8       | 21 | LIMESTONE & YELLOW SHALE |      |    |  |
| 21      | 32 | RED SHALE                |      |    |  |
| 32      | 44 | LIMESTONE & SHALE        |      |    |  |
| 44      | 50 | GRAY SHALE               |      |    |  |
| 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) 12/12/2014 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) 12/11/2014 under the business name of BLUE VALLEY 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