

**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> County: <b>COWLEY</b>	Fraction SW 1/4 SE 1/4 SE 1/4 SW 1/4	Section Number <b>28</b>	Township Number <b>T 31 S</b>	Range Number <b>R 3</b> <input checked="" type="checkbox"/> E <input type="checkbox"/> W
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<b>2 WELL OWNER:</b> Last Name: <b>RAU</b> Business: Address: Address: <b>3162 112TH ROAD</b> City: <b>UDALL</b>	First: <b>GREG</b> State: <b>KS</b> ZIP: <b>67146-7454</b>	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"/>
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<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> N  W E S 1 mile	<b>4 DEPTH OF COMPLETED WELL:</b> ..... <b>50</b> ..... ft. Depth(s) Groundwater Encountered: 1) ..... ft. 2) ..... ft. 3) ..... ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: ..... <b>20</b> ..... ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) <b>11/16/2017</b> <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 ..... <b>26</b> ..... ft. after <b>2</b> ..... hours pumping ..... <b>25</b> ..... gpm Estimated Yield: ..... <b>25</b> ..... gpm Bore Hole Diameter: ..... <b>10.5</b> ..... in. to ..... <b>50</b> ..... ft. and ..... in. to ..... ft.	<b>5 Latitude:</b> ..... (decimal degrees) <b>Longitude:</b> ..... (decimal degrees) <b>Horizontal Datum:</b> <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 <b>Source for Latitude/Longitude:</b> <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: .....
<b>6 Elevation:</b> ..... ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC <b>Source:</b> <input type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other .....		

<b>7 WELL WATER TO BE USED AS:</b>		
1. Domestic: <input checked="" type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input 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 .....	10. <input type="checkbox"/> Oil Field Water Supply: lease .....
6. <input type="checkbox"/> Dewatering: how many wells? .....	7. <input type="checkbox"/> Aquifer Recharge: well ID .....	11. Test Hole: well ID .....
8. <input type="checkbox"/> Monitoring: well ID .....	9. Environmental Remediation: well ID .....	<input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical
<input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction	<input type="checkbox"/> Recovery <input type="checkbox"/> Injection	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

<b>8 TYPE OF CASING USED:</b> <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other .....		<b>CASING JOINTS:</b> <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded	
Casing diameter ..... <b>5</b> ..... in. to ..... <b>50</b> ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.		Casing height above land surface ..... <b>14</b> ..... in. Weight ..... lbs./ft. Wall thickness or gauge No. <b>SDR-26</b> .....	
<b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>			
<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)			
<b>SCREEN OR PERFORATION OPENINGS ARE:</b>			
<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 type="checkbox"/> Key Punched <input type="checkbox"/> Wire Wrapped <input type="checkbox"/> Saw Cut <input type="checkbox"/> None (Open Hole)			
<b>SCREEN-PERFORATED INTERVALS:</b> From <b>24</b> ..... ft. to <b>50</b> ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.			
<b>GRAVEL PACK INTERVALS:</b> From <b>22</b> ..... ft. to <b>50</b> ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.			

<b>9 GROUT MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other .....	
Grout Intervals: From <b>3</b> ..... ft. to <b>22</b> ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.	
<b>Nearest source of possible contamination:</b>	
<input checked="" 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 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? <b>EAST</b> ..... Distance from well? <b>62</b> ..... ft.	

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	1	TOP SOIL			
1	20	CLAY			
20	36	MED SAND			
36	50	BLUE 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) **11/16/2017**..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **884**..... This Water Well Record was completed on (mo-day-year) **12/08/2017**..... under the business name of **WENINGER DRILLING LLC**..... Signature **TRAVIS CUTLER**..... **TC**.....

Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.