

# WATER WELL RECORD Form WWC-5

☒ Original Record ☐ Correction ☐ Change in Well Use

Division of Water  
Resources App. No.

49,810

Well ID

well #3-north

|  |                              |                      |                           |                         |
|--|------------------------------|----------------------|---------------------------|-------------------------|
| <b>1 LOCATION OF WATER WELL:</b><br>County: Sumner | Fraction<br>¼ SW ¼ SW ¼ NE ¼ | Section Number<br>15 | Township Number<br>T 33 S | Range Number<br>R 2 E W |
|--|------------------------------|----------------------|---------------------------|-------------------------|

|  |              |  |
|--|--------------|--|
| <b>2 WELL OWNER:</b> Last Name: White<br>Business:<br>Address: PO Box 966<br>Address:<br>City: Oxford State: KS ZIP: 67119 | First: Kevin | 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>6 1/2 South, 1 1/2 West of Oxford, KS |
|--|--------------|--|

|  |   |   |
|--|---|---|
| <b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b><br>N<br>W E<br>S<br>1 mile | <b>4 DEPTH OF COMPLETED WELL:</b> ..... 60 ..... 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: ..... 24 ..... ft.<br><input type="checkbox"/> below land surface, measured on (mo-day-yr) ..... 1-26-18<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: ..... 588 ..... gpm<br>Bore Hole Diameter: ..... 30 ..... in. to ..... 60 ..... ft. and<br>..... in. to ..... ft. | <b>5 Latitude:</b> ..... (decimal degrees)<br><b>Longitude:</b> ..... (decimal degrees)<br><b>Horizontal Datum:</b> <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27<br><b>Source for Latitude/Longitude:</b><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>7 WELL WATER TO BE USED AS:</b>   |  |   |
| 1. Domestic:<br><input type="checkbox"/> Household<br><input type="checkbox"/> Lawn & Garden<br><input type="checkbox"/> Livestock | 5. <input type="checkbox"/> Public Water Supply: well ID .....<br>6. <input type="checkbox"/> Dewatering: how many wells? .....<br>7. <input type="checkbox"/> Aquifer Recharge: well ID .....<br>8. <input type="checkbox"/> Monitoring: well ID .....<br>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 .....<br>11. Test Hole: well ID .....<br><input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical<br>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<br>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 ..... 16 ..... in. to ..... 60 ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
Casing height above land surface ..... 18 ..... in. Weight ..... Sch 40 ..... 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 ..... 57 ..... ft. to ..... 37 ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
**GRAVEL PACK INTERVALS:** From ..... 60 ..... ft. to ..... 20 ..... 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 ..... 20 ..... ft. to ..... 0 ..... 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) ...None.....  
Direction from well? ..... Distance from well? ..... ft.

| 10 FROM | TO | LITHOLOGIC LOG                              | FROM | TO | LITHO. LOG (cont.) or PLUGGING INTERVALS |
|---------|----|---|------|----|--|
| 0       | 4  | Top soil                                    |      |    |  |
| 4       | 13 | Reddish clay                                |      |    |  |
| 13      | 23 | Sand & gravel- small med coarse clean loose |      |    |  |
| 23      | 32 | Tan clay                                    |      |    |  |
| 32      | 44 | Sand & gravel- fine to small clean          |      |    |  |
| 44      | 54 | Sand & gravel- small med coarse clean       |      |    |  |
| 54      | 60 | Gray shale                                  |      |    |  |

**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) ..... 3-6-18 ..... and this record is true to the best of my knowledge and belief.  
Kansas Water Well Contractor's License No. .... 134 ..... This Water Well Record was completed on (mo-day-year) ..... 3-13-18 .....  
under the business name of ...Rosencrantz- Bemis Ent Inc..... Signature ..... Rosa Akle.....