

**WATER WELL RECORD Form WWC-5**

Original Record  Correction  Change in Well Use

Division of Water Resources App. No.

Well ID

**LOCATION OF WATER WELL:**

County: Sumner Fraction: NE 1/4 NW 1/4 Section Number: 18 Township Number: T 34S Range Number: R 1E

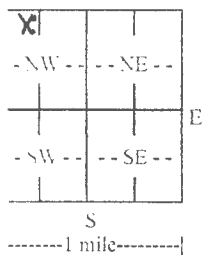
**WELL OWNER:** Last Name: Yearout First: Keith

Business Address: 14003 SW Actna Rd  
 Address: Lake City State: KS ZIP: 67071

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:

3 N. 4 1/4 E. South Haven, KS

**LOCATE WELL WITH "X" IN SECTION BOX:**



**4 DEPTH OF COMPLETED WELL:** 32 ft.  
 Depth(s) Groundwater Encountered: 1) 13 ft.  
 2) ..... ft. 3) ..... ft., or 4)  Dry Well  
**WELL'S STATIC WATER LEVEL:** 3 ft.  
 below land surface, measured on (mo-day-yr) 6-28-19  
 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: 1.6 gpm  
 Bore Hole Diameter: 10 in. to 32 ft. and  
 ..... in. to ..... ft.

**5 Latitude:** ..... (decimal degrees)  
**Longitude:** ..... (decimal degrees)  
 Horizontal Datum:  WGS 84  NAD 83  NAD 27  
 Source for Latitude/Longitude:  
 GPS (unit make/model: .....)  
 (WAAS enabled?  Yes  No)  
 Land Survey  Topographic Map  
 Online Mapper: .....

**6 Elevation:** ..... ft.  Ground Level  TOC  
 Source:  Land Survey  GPS  Topographic Map  
 Other .....

**WELL WATER TO BE USED AS:**

- Domestic:
  - Household
  - Lawn & Garden
  - Livestock
  - Irrigation
  - Feedlot
  - Industrial
- Public Water Supply: well ID .....
- Dewatering: how many wells? .....
- Aquifer Recharge: well ID .....
- Monitoring: well ID .....
- Environmental Remediation: well ID .....
  - Air Sparge  Soil Vapor Extraction
  - Recovery  Injection
- Oil Field Water Supply: lease .....
- Test Hole: well ID .....
  - Cased  Uncased  Geotechnical
- Geothermal: how many bores? .....
  - a) Closed Loop  Horizontal  Vertical
  - b) Open Loop  Surface Discharge  Inj. of Water
- Other (specify): .....

Is a chemical/bacteriological sample submitted to KDHE?  Yes  No If yes, date sample was submitted: .....

Is well disinfected?  Yes  No

**TYPE OF CASING USED:**  Steel  PVC  Other ..... **CASING JOINTS:**  Glued  Clamped  Welded  Threaded  
 Casing diameter 5 in. to 32 ft., Diameter 32 in. to ..... ft., Diameter ..... in. to ..... ft.  
 Casing height above land surface 24 in. Weight 160 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 20 ft. to 32 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
**GRAVEL PACK INTERVALS:** From 20 ft. to 32 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**ROUT MATERIAL:**  Neat cement  Cement grout  Bentonite  Other .....  
 Grout Intervals: From 0 ft. to 20 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**Closest 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) SE Distance from well? 500 ft.

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	13	Brown Clay			
13	15	Fine dirty sand			
15	23	Sand			
23	27	Gray shale			
27	32	Red shale			

Notes:

**CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was  constructed,  reconstructed, or  plugged in my jurisdiction and was completed on (mo-day-yr) 6-28-19 and this record is true to the best of my knowledge and belief.  
 I am a Water Well Contractor's License No. 140 This Water Well Record was completed on (mo-day-yr) 8-5-19  
 or the business name of Lyman's Inc Signature [Signature]

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.