

WATER WELL RECORD Form WWC-5

Original Record Correction Change in Well Use

Division of Water Resources App. No.

Well ID MW-11

1 LOCATION OF WATER WELL: County: <u>Montgomery</u>	Fraction <u>NW ¼ SW ¼ SW ¼ NW ¼</u>	Section Number <u>12</u>	Township Number <u>T 35 S</u>	Range Number <u>R 16</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W
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2 WELL OWNER: Last Name: _____ First: _____
 Business: Kansas Dept. of Health & Environment
 Address: 1000 SW Jackson St., Suite 420
 Address: _____
 City: Topeka State: KS ZIP: 66612-1367
 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 LOCATE WELL WITH "X" IN SECTION BOX:
N

--NW--	--NE--		
X			
--SW--	--SE--		

S
-----1 mile-----

4 DEPTH OF COMPLETED WELL:25..... ft.
 Depth(s) Groundwater Encountered: 1) ft.
 2) ft. 3) ft., or 4) Dry Well
 WELL'S STATIC WATER LEVEL:6.63..... ft.
 below land surface, measured on (mo-day-yr).....1/13/21.....
 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: 8.25 in. to 25 ft. and
 in. to ft.

5 Latitude:37.01531.....(decimal degrees)
Longitude:-95.61905.....(decimal degrees)
 Horizontal Datum: WGS 84 NAD 83 NAD 27
 Source for Latitude/Longitude:
 GPS (unit make/model: Spectra Precision Epo.)
 (WAAS enabled? Yes No)
 Land Survey Topographic Map
 Online Mapper:

6 Elevation:725.60.....ft. Ground Level TOC
 Source: Land Survey GPS Topographic Map
 Other

7 WELL WATER TO BE USED AS:

1. Domestic: <input 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 checked="" type="checkbox"/> Monitoring: well ID <u>MW-11</u>	9. Environmental Remediation: well ID	<input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical 12. Geothermal: how many bores?
<input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection	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 diameter2..... in. to15..... ft., Diameter in. to ft., Diameter in. to ft.
 Casing height above land surface5.40..... in. Weight lbs./ft. Wall thickness or gauge No. Sch. 40.....
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 15..... ft. to 25..... ft., From ft. to ft., From ft. to ft.
GRAVEL PACK INTERVALS: From 12..... ft. to 25..... ft., From ft. to ft., From ft. to ft.

9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Concrete

Grout Intervals: From 0..... ft. to 1..... ft., From 1..... ft. to 12..... 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 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)				

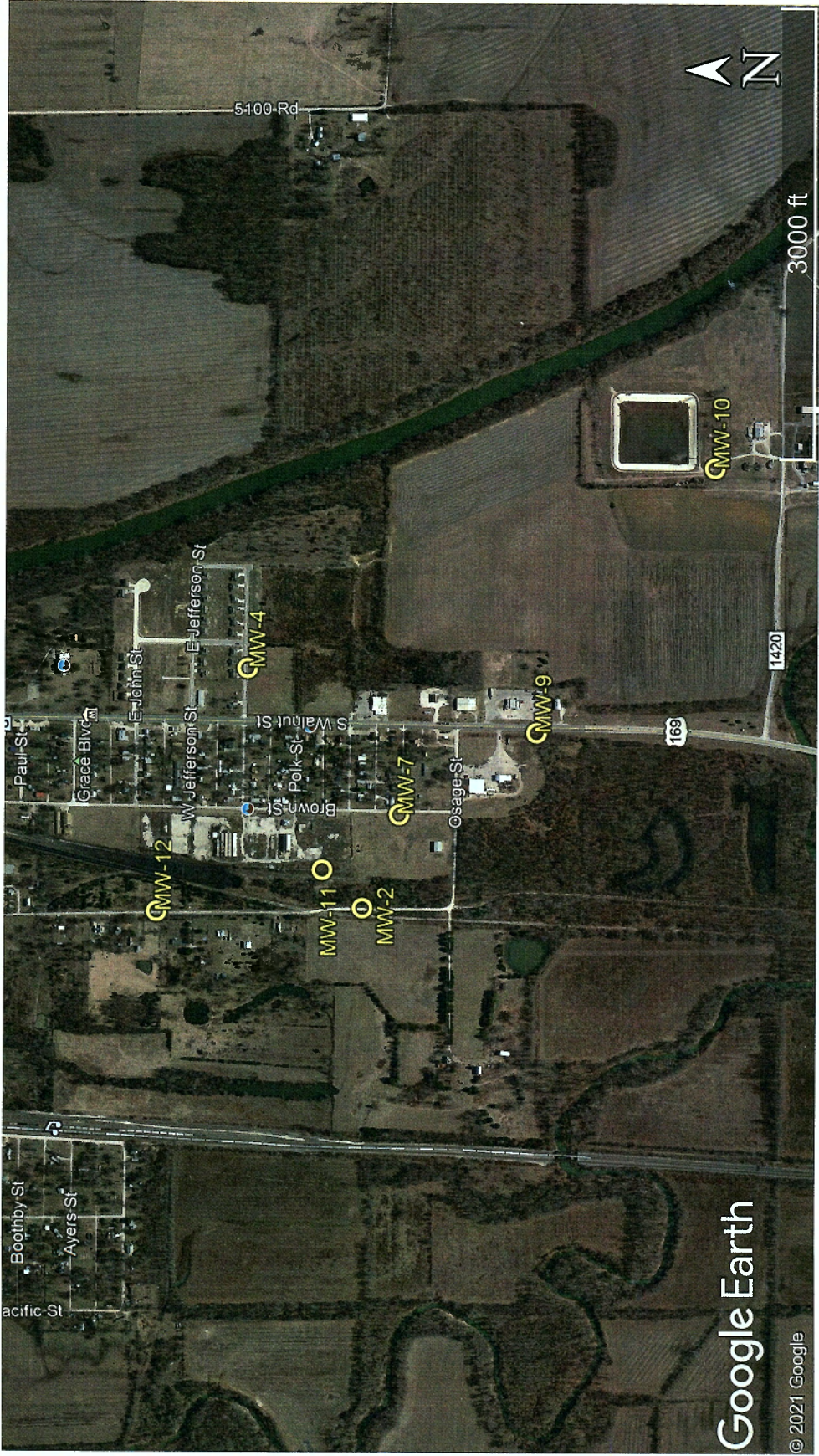
Direction from well? Distance from well? ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	0.5	Gravel, c, White to Gray			
0.5	5	Clay, tr. silt, Grayish Brown			
5	10	Clay, tr.-some silt, mot Brn to D Gn Gray			
10	13	Clay, w/f sand, Dark Greenish Gray			
13	14	Sand, w/clay, Dark Greenish Gray			
14	18	Sand, w/silt and clay, Dk. Greenish Gray			
18	22.5	Sand, w/silt, Greenish Gray			
22.5	25	Clay, tr. to some silt, Brown			

Notes: KDHE Project Code C3-063-72228

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) 1/4/2021..... and this record is true to the best of my knowledge and belief.
 Kansas Water Well Contractor's License No. 527..... This Water Well Record was completed on (mo-day-year) 4/27/2021.....
 under the business name of GeoCore, LLC..... 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, 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.
 Visit us at <http://www.kdheks.gov/waterwell/index.html> KSA 82a-1212 **Revised 7/10/2015**



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