

WATER WELL RECORD Form WWC-5

☐ Original Record ☐ Correction ☐ Change in Well Use **PKC**

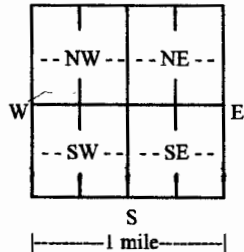
Division of Water
Resources App. No.

Well ID

1 LOCATION OF WATER WELL:
County: **WASHINGTON** Fraction: **SW NE**
1/4 NE 1/4 SW 1/4 Section Number **19** Township Number **T 4 S** Range Number **R 3 E W**

2 WELL OWNER: Last Name: **BUSS** First: **WARREN**
Business:
Address: **810 SOUTH MAIN STREET**
Address:
City: **LINN** State: **KS** ZIP: **66953**
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 MILES WEST OF LINN, KS ON 8 RD. NORTH ON LIBERTY RD. APPROXIMATELY 1/8 MILE.

3 LOCATE WELL WITH "X" IN SECTION BOX:
N



4 DEPTH OF COMPLETED WELL: **57** ft.
Depth(s) Groundwater Encountered: 1) ft.
2) ft. 3) ft., or 4) ☐ Dry Well
WELL'S STATIC WATER LEVEL: **15** ft.
☒ below land surface, measured on (mo-day-yr) **6/24/20**
☐ 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: **40** gpm
Bore Hole Diameter: **1 1/2** in. to **58** 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

7 WELL WATER TO BE USED AS:

- | | | |
|--|--|---|
| 1. Domestic:
<input type="checkbox"/> Household
PKC <input checked="" type="checkbox"/> Lawn & Garden
<input type="checkbox"/> Livestock | 5. <input type="checkbox"/> Public Water Supply: well ID | 10. <input type="checkbox"/> Oil Field Water Supply: lease |
| 2. <input type="checkbox"/> Irrigation | 6. <input type="checkbox"/> Dewatering: how many wells? | 11. Test Hole: well ID |
| 3. <input type="checkbox"/> Feedlot | 7. <input type="checkbox"/> Aquifer Recharge: well ID | <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical |
| 4. <input type="checkbox"/> Industrial | 8. <input type="checkbox"/> Monitoring: well ID | 12. Geothermal: how many bores? |
| | 9. Environmental Remediation: well ID | a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical |
| | <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction | b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water |
| | <input type="checkbox"/> Recovery <input type="checkbox"/> Injection | 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 **5** in. to **37** 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. **265**

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 **37** ft. to **57** ft. From ft. to ft. From ft. to ft.

GRAVEL PACK INTERVALS: From **25** ft. to **57** ft. From ft. to ft. From ft. to ft.

9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other
Grout Intervals: From **0** ft. to **25** ft. From ft. to 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? **NONE PRESENT** **Distance from well?** ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	9	DARK BROWN CLAY			
9	14	LIGHT BROWN CLAY			
14	35	SANDSTONE (YELLOW)			
35	53	SANDSTONE (LIGHT YELLOW)			
53	57	SANDSTONE (LIGHT YELLOW /BROKEN			
57	58	ROCK (HARD)			

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) **6/24/20** 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)
under the business name of **BLUE VALLEY DRILLING INC.** 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>

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