WATER WELL RECORD Form WWC-5

☑ Original Record ☐ Correction ☐ Change in Well Use

Division of Water Resources App. No. _____ Well ID _____

1 LOCATION OF WATER WELL: County: Washington

Fraction	Section Number	Township Number	Range Number
NE ¼ NE ¼ NW ¼ NW ¼	7	T 5 S	R 3 ☑ E ☐ W

2 WELL OWNER: Last Name: First:
Business: CARLSON HVAC
Address: 398 NADEAU STREET
Address:
City: PALMER State: KANS ZIP: 66962

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 - -
W | E
- - SW - - | - - SE - -
S
|----------1 mile---------|

4 DEPTH OF COMPLETED WELL: ….220…. ft.
Depth(s) Groundwater Encountered: 1) …….…..…. ft.
2) …….. ft. 3) …….. ft., or 4) ☐ Dry Well
WELL'S STATIC WATER LEVEL: ……..…… ft.
☐ below land surface, measured on (mo-day-yr)…..…..…..
☐ 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: …..6….. in. to ..…230…. ft. and
…… in. to ……. ft.

5 Latitude: ……39.6387181…….(decimal degrees)
Longitude: ……97.1402399……..…(decimal degrees)
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: ……1344……ft. ☑ Ground Level ☐ TOC
Source: ☐ Land Survey ☐ GPS ☐ Topographic Map
☑ Other KOLAR……..……..

7 WELL WATER TO BE USED AS:

1. Domestic:
☐ Household
☐ Lawn & Garden
☐ Livestock
2. ☐ Irrigation
3. ☐ Feedlot
4. ☐ Industrial
5. ☐ Public Water Supply: well ID .....
6. ☐ Dewatering: how many wells? .....
7. ☐ Aquifer Recharge: well ID …….....
8. ☐ Monitoring: well ID ……..…..…..……
9. Environmental Remediation: well ID …….....
☐ Air Sparge ☐ Soil Vapor Extraction
☐ Recovery ☐ Injection
10. ☐ Oil Field Water Supply: lease ……..……..……
11. Test Hole: well ID …….
☐ Cased ☐ Uncased ☐ Geotechnical
12. Geothermal: how many bores? .....5.....
a) Closed Loop ☐ Horizontal ☑ Vertical
b) Open Loop ☐ Surface Discharge ☐ Inj. of Water
13. ☐ 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 HDPE…….. CASING JOINTS: ☐ Glued ☐ Clamped ☑ Welded ☐ Threaded
Casing diameter ……75…..... in. to …..220….. ft., Diameter …….. in. to …..…….. ft., Diameter ……..….. in. to …..…….. ft.
Casing height above land surface ……48…… in. Weight ……..…… lbs./ft. Wall thickness or gauge No. SDR-11……
TYPE OF SCREEN OR PERFORATION MATERIAL:
☐ Steel ☐ Stainless Steel ☐ PVC ☐ Other (Specify) ……..…….……..
☐ Brass ☐ Galvanized Steel ☑ 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 ……..…. ft. to ……..…. ft., From ……..…. ft. to ……..…. ft., From ……..…. ft. to ……..…. ft.
GRAVEL PACK INTERVALS: From ……..…. ft. to ……..…. ft., From ……..…. ft. to ……..…. ft., From ……..…. ft. to ……..…. ft.

9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☑ Bentonite ☐ Other ……..
Grout Intervals: From ……0…… ft. to …220…… ft., From ……..…. ft. to ……..…. ft., From ……..…. ft. to ……..…. ft.
Nearest source of possible contamination: ✔ No potential source of contamination within 200 ft.
☐ 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) ……...
Direction from well? …… Distance from well? ....…… ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	CLAY	171	220	GREY SHALE
2	4	SANDY CLAY			
4	17	WEATHERED SANDSTONE			
17	55	WEATHERED SHALE			
55	80	SANDSTONE			
80	125	GREY SHALE			
125	130	LIMESTONE	Notes:		
130	161	GREY SHALE			
161	171	SANDSTONE			

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) .11/15/2018….. and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 914…..…… This Water Well Record was completed on (mo-day-year) .12/06/2018..……
under the business name of Flint Hills Drilling ……..……...

Send one copy to WATER WELL OWNER and retain one for your records. Fee of $5.00 for each constructed well.
KS Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-3565.
Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212