

# 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: Clay

Fraction

SE  $\frac{1}{4}$   $\frac{1}{4}$   $\frac{1}{4}$

Section Number

26

Township Number

T 9 S

Range Number

R 2 ☒ E ☐ W

## 2 WELL OWNER:

Last Name Fizenmaier First David

Address: 787 20th Rd

Address:

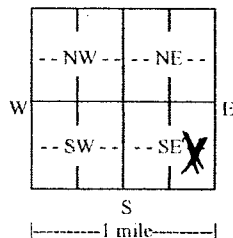
City: Clay Center

State: KS ZIP: 67432

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: ☐

8th Rd + Limestone

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



## 4 DEPTH OF COMPLETED WELL:

15.5 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: ..... in. to ..... 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:

☐ 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? .....

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

Casing diameter 6 in. in. to ..... ft., Diameter 6 in. in. to ..... ft., Diameter ..... in. to ..... ft.

Casing height above land surface ..... in. Weight ..... lbs./ft. Wall thickness or gauge No. ....

## TYPE OF SCREEN OR PERFORATION MATERIAL:

☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC

☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☒ None used (open hole)

☐ Other (Specify) .....

## SCREEN OR PERFORATION OPENINGS ARE:

☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Forch 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 3 ft. to 9.5 ft. From ..... ft. to ..... 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) .....

Direction from well? ..... Distance from well? ..... ft.

10 FROM

TO

LITHOLOGIC LOG

FROM

TO

LITHO. LOG (cont.) or PLUGGING INTERVALS

15.5 9.5

Subsoil

9.5 3

bentonite

3 0

topsoil

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) 5-14-20 and this record is true to the best of my knowledge and belief.

Kansas Water Well Contractor's License No. .... This Water Well Record was completed on (mo-day-year) 5-19-20

under the business name of .....

Signature David Fizenmaier

Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Division 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>

KS A 82a-1212

Revised 7/10/2015