

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: Fraction $\frac{1}{4}$ SE $\frac{1}{4}$ NE $\frac{1}{4}$ NE $\frac{1}{4}$ Section Number 36 Township Number T 11 S Range Number R 33 E W
County: Logan

2 WELL OWNER: Last Name: Zerr First: William
Business Address: 704 Hoeb Ave
City: Oakley State: KS ZIP: 67748
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:
215' from E line, 921' from N line

3 LOCATE WELL WITH "X" IN SECTION BOX:
N
W E
S
1 mile

4 DEPTH OF COMPLETED WELL:125..... 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: 8.5 in. to 125 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 <input type="checkbox"/> Lawn & Garden <input checked="" 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	6. <input type="checkbox"/> Dewatering: how many wells?	7. <input type="checkbox"/> Aquifer Recharge: well ID	8. <input type="checkbox"/> Monitoring: well ID	9. Environmental Remediation: well ID	10. <input type="checkbox"/> Oil Field Water Supply: lease	11. Test Hole: well ID	12. Geothermal: how many bores?	13. <input type="checkbox"/> Other (specify):
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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 125 ft., Diameter in. to ft., Diameter in. to ft.
Casing height above land surface 18 in. Weight 2.9 lbs./ft. Wall thickness or gauge No. 0.258.....
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 40 ft. to 125 ft., From ft. to ft., From ft. to ft.
GRAVEL PACK INTERVALS: From 25 ft. to 195 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:
 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	Surface	80	86	Clay & caliche
2	16	Loess	86	95	Fine to some med sand
16	22	Clay	95	113	Fine to med sand
22	29	Clay and caliche	113	130	Yellow ochre & grey shale
29	42	Fine to med sand			
42	53	Clay			
53	62	Fine to some med sand			
62	72	Clay & caliche			
72	80	Clay			

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) .11/6/15..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 838..... This Water Well Record was completed on (mo-day-year) .12/10/15..... under the business name of D&R Pump Service, LLC..... Signature *[Signature]*