

**WATER WELL RECORD Form WWC-5**

Division of Water Resources App. No.  

Well ID  

Original Record  Correction  Change in Well Use

<b>1 LOCATION OF WATER WELL:</b> County: Russell	Fraction ¼ SE ¼ SW ¼ SW ¼	Section Number 14	Township Number T 13 S	Range Number R 14 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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<b>2 WELL OWNER:</b> Last Name: Business: Pro Stim Chemicals Address: PO Box 247 Address: City: Trenton State: KS ZIP: 69044	First: 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: <input type="checkbox"/> 1/2 North of Russell
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**3 LOCATE WELL WITH "X" IN SECTION BOX:**

N

NW	NE
SW	SE

S

W ——— E

————— 1 mile —————

**4 DEPTH OF COMPLETED WELL:** ..... 250 ..... ft.

Depth(s) Groundwater Encountered: 1) ..... ft.  
 2) ..... ft. 3) ..... ft., or 4)  Dry Well

WELL'S STATIC WATER LEVEL: ..... 227 ..... ft.  
 below land surface, measured on (mo-day-yr) 8-22-17  
 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: ..... 10 ..... in. to ..... 250 ..... ft. and  
 ..... in. to ..... ft.

**5 Latitude:** ..... 38.9158 ..... (decimal degrees)  
**Longitude:** ..... 98.8518 ..... (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 checked="" 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 ..... 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 ..... <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection	10. <input type="checkbox"/> Oil Field Water Supply: lease ..... 11. Test Hole: well ID ..... <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical 12. Geothermal: how many bores? ..... 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): .....
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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 ..... 250 ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
 Casing height above land surface ..... 18 ..... in. Weight SDR-21 lbs./ft. Wall thickness or gauge No. ....

**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 ..... 250 ..... ft. to ..... 210 ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**GRAVEL PACK INTERVALS:** From ..... 250 ..... ft. to ..... 20 ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**9 GROUT MATERIAL:**  Neat cement  Cement grout  Bentonite  Other .....

Grout Intervals: From ..... ft. to ..... ft., From ..... 55 ..... ft. to ..... 50 ..... ft., From ..... 20 ..... ft. to ..... 0 ..... 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

Other (Specify) ... None .....

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

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	Top soil	155	170	White shale w/ limestone
2	9	Limestone w/ yellow gumbo clay	170	210	Red bed w/ iron pyrite
9	12	Hard ironated rock & iron pyrite	210	250	Fine sandtone w/ little red bed
12	83	Black fragile shale w/ limestone			
83	115	Iron pyrite streaks w/ black shale			
115	123	Gray shale w/ sandstone streaks			
123	135	Hard iron pyrite			
135	140	White clay w/ limestone			
140	155	Gray shale w/ iron pyrite			

**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) ... 9-11-17 ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ... 134 ..... This Water Well Record was completed on (mo-day-year) ... 9-15-17 ..... under the business name of ... Rosencrantz Bemis Ent Inc ..... Signature ... *Dora Alejo* .....