

# 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: Trego	Fraction ¼ NW ¼ SW ¼ NW ¼	Section Number 18	Township Number T 13 S	Range Number R 23 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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**2 WELL OWNER:** Last Name: Deines First: Richard  
 Business: \_\_\_\_\_  
 Address: 24028 230 Ave  
 Address: \_\_\_\_\_  
 City: WaKeeney State: KS ZIP: 67672  
 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:   
 38.924416

<p><b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b></p> <p style="text-align: center;">N</p> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 25%;">NW</td> <td style="width: 25%;">NE</td> </tr> <tr> <td style="width: 25%;">SW</td> <td style="width: 25%;">SE</td> </tr> </table> <p style="text-align: center;">S</p> <p style="text-align: center;">-----1 mile-----</p>	NW	NE	SW	SE	<p><b>4 DEPTH OF COMPLETED WELL:</b> ..... 80 ..... ft.</p> <p>Depth(s) Groundwater Encountered: 1) ..... ft.          2) ..... ft. 3) ..... ft., or 4) <input type="checkbox"/> Dry Well</p> <p>WELL'S STATIC WATER LEVEL: ..... ft.</p> <p><input type="checkbox"/> below land surface, measured on (mo-day-yr).....  <input type="checkbox"/> above land surface, measured on (mo-day-yr).....</p> <p>Pump test data: Well water was ..... ft.          after..... hours pumping ..... gpm          Well water was ..... ft.          after..... hours pumping ..... gpm</p> <p>Estimated Yield: ...10+...gpm          Bore Hole Diameter: ..... 11 ..... in. to ..... 80 ..... ft. and          ..... in. to ..... ft.</p>	<p><b>5 Latitude:</b> ..... 38.924416 ..... (decimal degrees)  <b>Longitude:</b> ..... 99.925877 ..... (decimal degrees)  <b>Horizontal Datum:</b> <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27  <b>Source for Latitude/Longitude:</b>  <input type="checkbox"/> GPS (unit make/model: .....)          (WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No)  <input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map  <input checked="" type="checkbox"/> Online Mapper: Google Earth</p>
NW	NE					
SW	SE					
<p><b>7 WELL WATER TO BE USED AS:</b></p> <p>1. Domestic: <input checked="" type="checkbox"/> Household <input type="checkbox"/> Lawn &amp; Garden <input type="checkbox"/> Livestock          2. <input type="checkbox"/> Irrigation          3. <input type="checkbox"/> Feedlot          4. <input type="checkbox"/> Industrial</p> <p>5. <input type="checkbox"/> Public Water Supply: well ID .....</p> <p>6. <input type="checkbox"/> Dewatering: how many wells? .....</p> <p>7. <input type="checkbox"/> Aquifer Recharge: well ID .....</p> <p>8. <input type="checkbox"/> Monitoring: well ID .....</p> <p>9. Environmental Remediation: well ID .....</p> <p><input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction  <input type="checkbox"/> Recovery <input type="checkbox"/> Injection</p>		<p>10. <input type="checkbox"/> Oil Field Water Supply: lease .....</p> <p>11. Test Hole: well ID .....</p> <p><input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical</p> <p>12. Geothermal: how many bores? .....</p> <p>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</p> <p>13. <input type="checkbox"/> Other (specify): .....</p>				

**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 ..... 80 ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
 Casing height above land surface ..... 24 ..... in. Weight ..... 2.89 ..... 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 60 ..... ft. to 80 ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
**GRAVEL PACK INTERVALS:** From 20 ..... ft. to 80 ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

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

Grout Intervals: From 0 ..... ft. to 20 ..... 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 checked="" 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? south ..... Distance from well? 100 ..... ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	Surface	74	78	brown shale
2	10	Loess	78	80	black shale
10	22	Clay			
22	35	Sandy Clay w/ Sandstone strks			
35	42	Sandstone			
42	44	fine sand w/ clay			
44	70	fine to med sand			
70	71	clay w/ sand strks			
71	74	yellow ochre			

**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) 8-24-17..... 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) 9-4-17..... under the business name of RMD Drilling & Well Service, LLC..... Signature *DR*