

WATER WELL RECORD Form WWC-5

☒ Original Record ☐ Correction ☐ Change in Well Use

Division of Water
Resources App. No.

8,012

Well ID

1 LOCATION OF WATER WELL: County: Gove	Fraction ¼ SW ¼ NE ¼ SE ¼	Section Number 1	Township Number T 15 S	Range Number R 26 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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2 WELL OWNER: Last Name: Albin Business: Address: 925 N 4th Street Address: City: Wakeeney State: KS ZIP: 67672	First: Doug 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"/> 3/4 East, 9 North of Utica
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3 LOCATE WELL WITH "X" IN SECTION BOX: N W E S -----1 mile-----	4 DEPTH OF COMPLETED WELL:105..... ft. Depth(s) Groundwater Encountered: 1) ft. 2) ft. 3) ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL:20..... ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr)4-15-2020 <input type="checkbox"/> 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: ..1550... gpm Bore Hole Diameter:28..... in. to105..... ft. and in. to ft.	5 Latitude:(decimal degrees) Longitude:(decimal degrees) Horizontal Datum: <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 Source for Latitude/Longitude: <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 type="checkbox"/> Online Mapper:
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7 WELL WATER TO BE USED AS:		
1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock	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	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):
2. <input checked="" type="checkbox"/> Irrigation 3. <input type="checkbox"/> Feedlot 4. <input type="checkbox"/> Industrial	9. Environmental Remediation: well ID <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection	

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 diameter16..... in. to105..... ft., Diameter in. to ft., Diameter in. to ft.
Casing height above land surface18..... in. WeightSch 40..... 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: From105..... ft. to65..... ft., From ft. to ft., From ft. to ft.
GRAVEL PACK INTERVALS: From105..... ft. to20..... ft., From ft. to ft., From ft. to ft.

9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other
Grout Intervals: From ft. to ft., From20..... ft. to0..... 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) ...None.....
Direction from well? Distance from well? ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	3	Top soil			
3	10	Sand & gravel			
10	14	White chalky rock			
14	90	Sand & gravel- clean coarse loose w/ some large rock			
90	105	Shale			
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) ...4-15-2020... 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) ...4-28-2020.....
under the business name of ...Rosencrantz-Bemis Ent Inc..... Signature ...*Shana Adams*.....