

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: Barton Fraction $\frac{1}{4}$ SW $\frac{1}{4}$ SE $\frac{1}{4}$ NE $\frac{1}{4}$ Section Number 12 Township Number T 17 S Range Number R 13 E W

2 WELL OWNER: Last Name: Ogle First: Dick 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:
 Business: Address: 814 N Hickory Street
 Address: City: Hoisington State: KS ZIP: 67544
3 1/2 South, 2 West of Beaver

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

 S
 W E
 |-----1 mile-----|

4 DEPTH OF COMPLETED WELL:170..... ft.
 Depth(s) Groundwater Encountered: 1) ft.
 2) ft. 3) ft., or 4) Dry Well
 WELL'S STATIC WATER LEVEL:70..... ft.
 below land surface, measured on (mo-day-yr).....7-26-19.....
 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. to170..... ft. and
 in. to ft.

5 Latitude:38.58707.....(decimal degrees)
Longitude:98.70481.....(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 JOINTS: Glued Clamped Welded Threaded
 Casing diameter5..... in. to170..... ft., Diameter in. to ft., Diameter in. to ft.
 Casing height above land surface18..... in. WeightSDR-26..... 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: From170..... ft. to130..... ft., From110..... ft. to90..... ft., From ft. to ft.
GRAVEL PACK INTERVALS: From170..... 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	15	Yellow & white clay			
15	18	Broken rock & clay			
18	74	Brittle black shale			
74	91	White clay w/ limestone			
91	97	Sandstone & coal			
97	148	White clay & limestone			
148	165	Sandstone & clay			
165	170	Red bed			

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)7-26-19..... 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)9-9-19..... under the business name of Rosencrantz, Bemis, Ent Inc..... Signature [Signature].....