

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

1 LOCATION OF WATER WELL: County: Rush	Fraction ¼ SW ¼ SW ¼ SW ¼	Section Number 15	Township No. T 17 S	Range Number R 18 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> 2 North of LaCrosse		Global Positioning System (GPS) information: Latitude: (in decimal degrees) Longitude: (in decimal degrees) Elevation: Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27 Collection Method: <input type="checkbox"/> GPS unit (Make/Model:) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m		
2 WATER WELL OWNER: Morris Likens RR#, Street Address, Box #: P.O. Box 465 City, State, ZIP Code : LaCrosse, KS 67548				

3 LOCATE WELL WITH AN "X" IN SECTION BOX: N	<p>4 DEPTH OF COMPLETED WELL 293 ft.</p> <p>Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.</p> <p>WELL'S STATIC WATER LEVEL 198 ft. below land surface measured on mo/day/yr. 9-25-12.....</p> <p>Pump test data: Well water was.....ft. after..... hours pumping..... gpm</p> <p>EST. YIELD. N/A...gpm. Well water was.....ft. after..... hours pumping..... gpm</p> <p>Bore Hole Diameter 10.....in. to 293.....ft., andin. toft.</p> <p>WELL WATER TO BE USED AS: <input type="checkbox"/> Public water supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Injection well <input type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input checked="" type="checkbox"/> Other (Specify below) <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Domestic-lawn & garden <input type="checkbox"/> Monitoring well <u>Stock</u></p> <p>Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, mo/day/yr sample was submitted.....</p> <p>Water well disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

5 TYPE OF CASING USED: Steel PVC Other

CASING JOINTS: Glued Clamped Welded Threaded

Casing diameter 5..... in. to 293..... ft., Diameter in. to ft., Diameter in. to ft.

Casing height above land surface 18..... in., Weight SDR:26.....lbs./ft., Wall thickness or gauge No.

TYPE OF SCREEN OR PERFORATION MATERIAL:
 Steel Stainless Steel PVC Other (Specify)
 Brass Galvanized Steel None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:
 Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole)
 Louvered shutter Key punched Wire wrapped Saw cut Other (specify)

SCREEN-PERFORATED INTERVALS: From 284..... ft. to 264..... ft., From ft. to ft.

GRAVEL PACK INTERVALS: From 293..... ft. to 20..... ft., From ft. to ft.

6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other

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

What is the nearest source of possible contamination:
 Septic tank Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below)
 Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well
 Watertight sewer lines Seepage pit Feedyard Fertilizer storage Oil well/gas well Building

Direction from well Southwest..... Distance from well 60ft.....

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	4	Top soil			
4	23	Yellow shale			
23	195	Black shale & limestone			
195	237	Light gray shale			
237	264	Sandy gray shale			
264	279	Sand stone & shale			
279	293	Gray shale			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) 9-26-12..... 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) 9-27-12.....

under the business name of Rosencrantz-Bemis..... by (signature) [Signature]

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. I include fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>.