

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: Ness		Fraction ¼ NW ¼ SW ¼ SW ¼	Section Number 8	Township Number T 17 S	Range Number R 23 <input type="checkbox"/> E <input checked="" type="checkbox"/> W																																																			
2 WELL OWNER: Last Name: Albers Business: Address: 22198 N. Highway 283 Address: City: Ransom State: KS ZIP: 67572		First: Silas 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 1/4 South, 1 1/2 East of Ransom																																																						
3 LOCATE WELL WITH "X" IN SECTION BOX: N <div style="text-align: center;"> <table border="1" style="margin: auto;"> <tr><td></td><td></td><td></td></tr> <tr><td>--NW--</td><td></td><td>--NE--</td></tr> <tr><td>W</td><td></td><td>E</td></tr> <tr><td></td><td></td><td></td></tr> <tr><td>--SW--</td><td></td><td>--SE--</td></tr> <tr><td></td><td></td><td></td></tr> </table> <p style="text-align: center;">S -----1 mile-----</p> </div>					--NW--		--NE--	W		E				--SW--		--SE--				4 DEPTH OF COMPLETED WELL: 55 ft. Depth(s) Groundwater Encountered: 1) ft. 2) ft. 3) ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: 30 ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) 1-22-20 <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: gpm Bore Hole Diameter: 10 in. to 55 ft. and in. to ft.		5 Latitude: 38.5846 (decimal degrees) Longitude: 99.9002 (decimal degrees) Horizontal Datum: <input type="checkbox"/> WGS 84 <input checked="" type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 Source for Latitude/Longitude: <input checked="" 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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6 Elevation: ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC Source: <input type="checkbox"/> Land Survey <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> 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):																																																								
Was a chemical/bacteriological sample submitted to KDHE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, date sample was submitted:																																																								
Water well disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																								
8 TYPE OF CASING USED: <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other CASING JOINTS: <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded Casing diameter 5 in. to 55 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: <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Concrete tile <input type="checkbox"/> None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: <input type="checkbox"/> Continuous Slot <input type="checkbox"/> Mill Slot <input type="checkbox"/> Gauze Wrapped <input type="checkbox"/> Torch Cut <input type="checkbox"/> Drilled Holes <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Louvered Shutter <input type="checkbox"/> Key Punched <input type="checkbox"/> Wire Wrapped <input checked="" type="checkbox"/> Saw Cut <input type="checkbox"/> None (Open Hole) SCREEN-PERFORATED INTERVALS: From 40 ft. to 20 ft., From ft. to ft., From ft. to ft. GRAVEL PACK INTERVALS: From 55 ft. to 20 ft., From ft. to ft., From ft. to ft.																																																								
9 GROUT MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other Grout intervals: From ft. to ft., From 20 ft. to 0 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 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 checked="" type="checkbox"/> Other (Specify) House Direction from well? Northeast Distance from well? 200ft ft.																																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">10 FROM</th> <th style="width:10%;">TO</th> <th style="width:40%;">LITHOLOGIC LOG</th> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:20%;">LITHO. LOG (cont.) or PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>3</td> <td>Top soil</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td>10</td> <td>White clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>10</td> <td>18</td> <td>White clay w/ embedded gravel</td> <td></td> <td></td> <td></td> </tr> <tr> <td>18</td> <td>33</td> <td>Sand & gravel- small med clean coarse</td> <td></td> <td></td> <td></td> </tr> <tr> <td>33</td> <td>55</td> <td>Yellow shale</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="3"></td> <td colspan="3" rowspan="4" style="vertical-align: top; padding: 5px;">Notes:</td> </tr> <tr><td colspan="3"></td></tr> <tr><td colspan="3"></td></tr> <tr><td colspan="3"></td></tr> </tbody> </table>						10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS	0	3	Top soil				3	10	White clay				10	18	White clay w/ embedded gravel				18	33	Sand & gravel- small med clean coarse				33	55	Yellow shale							Notes:											
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11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo-day-year) ... 2-10-2020 ... 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) ... 2-25-2020 under the business name of ... Rosencrantz, Bemis, Ent Inc Signature <i>Dora Albers</i>																																																								

Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.

Visit us at <http://www.kdheks.gov/waterwell/index.html>

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