

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: <u>Greeley</u>		Fraction <u>1/4 SE 1/4 NW 1/4 SE 1/4</u>	Section Number <u>36</u>	Township Number T <u>17</u> S	Range Number R <u>42</u> E <input checked="" type="checkbox"/> W																																				
2 WELL OWNER: Last Name: <u>Dixon</u> First: <u>Chris</u> Business: Address: <u>P.O. Box 128</u> Address: City: <u>Tribune</u> State: <u>KS</u> ZIP: <u>67879</u>		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"/> <u>8 m west and 4 1/2 North of Tribune KS</u>																																							
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>-- NE --</td><td></td></tr> <tr><td>W</td><td></td><td>E</td></tr> <tr><td>-- SW --</td><td>X <u>SE</u></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td>S</td><td></td></tr> </table> <p>----- 1 mile -----</p> </div>				-- NW --	-- NE --		W		E	-- SW --	X <u>SE</u>						S		4 DEPTH OF COMPLETED WELL: <u>81</u> ft. Depth(s) Groundwater Encountered: 1) <u>52</u> ft. 2) ft. 3) ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: <u>52</u> ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) <u>5-29-14</u> <input type="checkbox"/> above land surface, measured on (mo-day-yr) Pump test data: Well water was <u>80</u> ft. after <u>1</u> hours pumping <u>3 1/2</u> gpm Well water was ft. after hours pumping gpm Estimated Yield: <u>3 1/2</u> gpm Bore Hole Diameter: <u>11</u> in. to <u>25</u> ft. and <u>9</u> in. to <u>81</u> ft.		5 Latitude: <u>38.52868</u> (decimal degrees) Longitude: <u>101.90790</u> (decimal degrees) Datum: <input type="checkbox"/> WGS 84 <input checked="" type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 Source for Latitude/Longitude: <u>Garmin 5</u> <input checked="" type="checkbox"/> GPS (unit make/model:) (WAAS enabled? <input checked="" 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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W		E																																							
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6 Elevation: <u>3716</u> ft. <input checked="" type="checkbox"/> Ground Level <input type="checkbox"/> TOC Source: <input type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input checked="" type="checkbox"/> Other <u>Google Earth</u>																																									
7 WELL WATER TO BE USED AS: 1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input checked="" type="checkbox"/> Livestock <input type="checkbox"/> Irrigation 2. <input type="checkbox"/> Feedlot <input type="checkbox"/> Industrial 3. <input type="checkbox"/> Public Water Supply: well ID 4. <input type="checkbox"/> Dewatering: how many wells? 5. <input type="checkbox"/> Aquifer Recharge: well ID 6. <input type="checkbox"/> Monitoring: well ID 7. Environmental Remediation: well ID <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection 8. <input type="checkbox"/> Oil Field Water Supply: lease 9. Test Hole: well ID <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical 10. 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 11. <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 <u>5</u> in. to <u>55</u> ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface <u>24</u> in. Weight <u>2.81</u> lbs./ft. Wall thickness or gauge No. <u>265</u> 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 checked="" 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 type="checkbox"/> Saw Cut <input type="checkbox"/> None (Open Hole) SCREEN-PERFORATED INTERVALS: From <u>55</u> ft. to <u>81</u> ft., From ft. to ft., From ft. to ft. GRAVEL PACK INTERVALS: From <u>27</u> ft. to <u>23</u> ft., From <u>23</u> ft. to <u>81</u> 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 <u>0</u> ft. to <u>23</u> ft., From ft. to ft., From ft. to ft. Nearest source of possible contamination: <input checked="" 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 type="checkbox"/> Other (Specify) Direction from well? <u>North East</u> Distance from well? <u>2 miles</u> ft.																																									
10 FROM TO LITHOLOGIC LOG <table border="1" style="width:100%;"> <tr><td>0</td><td>25</td><td>clay</td></tr> <tr><td>25</td><td>44</td><td>sand - medium</td></tr> <tr><td>44</td><td>47</td><td>clay</td></tr> <tr><td>47</td><td>50</td><td>sand</td></tr> <tr><td>50</td><td>60</td><td>sandy clay</td></tr> <tr><td>60</td><td>77</td><td>yellow clay</td></tr> <tr><td>77</td><td>81</td><td>Blue shale</td></tr> </table>		0	25	clay	25	44	sand - medium	44	47	clay	47	50	sand	50	60	sandy clay	60	77	yellow clay	77	81	Blue shale	FROM TO LITHO. LOG (cont.) or PLUGGING INTERVALS <table border="1" style="width:100%;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>																		
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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) <u>5-29-14</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>885</u> This Water Well Record was completed on (mo-day-year) <u>6-3-14</u> under the business name of <u>Remps Well Service</u>																																									

INSTRUCTIONS: Send one copy to WATER WELL OWNER and retain one copy for your records. Submit fee of \$5.00 for each constructed well along with one (white) copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone (785) 296-3565.

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

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