

**WATER WELL RECORD Form WWC-5**

Division of Water Resources App. No.  Well ID

Original Record  Correction  Change in Well Use

|  |                              |                      |                           |   |
|--|------------------------------|----------------------|---------------------------|---|
| <b>1 LOCATION OF WATER WELL:</b><br>County: Rice | Fraction<br>¼ NW ¼ SW ¼ SW ¼ | Section Number<br>18 | Township Number<br>T 18 S | Range Number<br>R 10 <input type="checkbox"/> E <input checked="" type="checkbox"/> W |
|--|------------------------------|----------------------|---------------------------|---|

|  |   |
|--|---|
| <b>2 WELL OWNER:</b> Last Name: Zink First: Tony<br>Business: _____<br>Address: 381 1st Road<br>Address: _____<br>City: Claflin State: KS ZIP: 67525 | 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"/><br>1 3/4 South, 4 1/2 West of Bushton |
|--|---|

|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b><br>N<br><table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> </table> S<br>W E<br>1 mile |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <b>4 DEPTH OF COMPLETED WELL:</b> ..... 50 ..... ft.<br>Depth(s) Groundwater Encountered: 1) ..... ft.<br>2) ..... ft. 3) ..... ft., or 4) <input type="checkbox"/> Dry Well<br>WELL'S STATIC WATER LEVEL: ..... 22 ..... ft.<br><input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) ..... 7-24-17 .....<br><input type="checkbox"/> above land surface, measured on (mo-day-yr) .....<br>Pump test data: Well water was ..... ft.<br>after ..... hours pumping ..... gpm<br>Well water was ..... ft.<br>after ..... hours pumping ..... gpm<br>Estimated Yield: ..... gpm<br>Bore Hole Diameter: ..... 10 ..... in. to ..... 50 ..... ft. and<br>..... in. to ..... ft. | <b>5 Latitude:</b> ..... 38.4801 ..... (decimal degrees)<br><b>Longitude:</b> ..... 98.4797 ..... (decimal degrees)<br>Horizontal Datum: <input type="checkbox"/> WGS 84 <input checked="" type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27<br>Source for Latitude/Longitude:<br><input checked="" type="checkbox"/> GPS (unit make/model: .....)<br>(WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No)<br><input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map<br><input type="checkbox"/> Online Mapper: .....<br><b>6 Elevation:</b> ..... ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC<br>Source: <input type="checkbox"/> Land Survey <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Topographic Map<br><input type="checkbox"/> Other ..... |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**7 WELL WATER TO BE USED AS:**

|  |  |   |
|--|--|---|
| 1. Domestic:<br><input checked="" type="checkbox"/> Household<br><input type="checkbox"/> Lawn & Garden<br><input type="checkbox"/> Livestock<br>2. <input type="checkbox"/> Irrigation<br>3. <input type="checkbox"/> Feedlot<br>4. <input type="checkbox"/> Industrial | 5. <input type="checkbox"/> Public Water Supply: well ID .....<br>6. <input type="checkbox"/> Dewatering: how many wells? .....<br>7. <input type="checkbox"/> Aquifer Recharge: well ID .....<br>8. <input type="checkbox"/> Monitoring: well ID .....<br>9. Environmental Remediation: well ID .....<br><input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction<br><input type="checkbox"/> Recovery <input type="checkbox"/> Injection | 10. <input type="checkbox"/> Oil Field Water Supply: lease .....<br>11. Test Hole: well ID .....<br><input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical<br>12. Geothermal: how many bores? .....<br>a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical<br>b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water<br>13. <input type="checkbox"/> 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 diameter ..... 5 ..... in. to ..... 50 ..... 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  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:** From ..... 45 ..... ft. to ..... 25 ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
**GRAVEL PACK INTERVALS:** From ..... 50 ..... ft. to ..... 20 ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**9 GROUT MATERIAL:**  Neat cement  Cement grout  Bentonite  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    |

Other (Specify) ... Shed .....

Direction from well? ..... Northeast ..... Distance from well? ..... 55 ..... ft.

| 10 FROM | TO | LITHOLOGIC LOG                                  | FROM | TO | LITHO. LOG (cont.) or PLUGGING INTERVALS |
|---------|----|---|------|----|--|
| 0       | 3  | Top soil  |      |    |  |
| 3       | 42 | Brown, tan clay                                 |      |    |  |
| 42      | 45 | Sand & gravel- small, ironated w/<br>heavy clay |      |    |  |
| 45      | 49 | Tan clay  |      |    |  |
| 49      | 50 | Tan clay w/ caliche                             |      |    |  |
| 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) ... 8-3-17 ..... 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) ... 8-11-17 ..... under the business name of ... Rosencrantz, Bemis, Ent Inc ..... Signature ..... *Dora Alief* .....

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.