

## WATER WELL RECORD

## Form WWC-5

Division of Water Resources App. No. 

<b>1 LOCATION OF WATER WELL:</b> County: Wichita	Fraction $\frac{1}{4}$ SW $\frac{1}{4}$ NE $\frac{1}{4}$ NE $\frac{1}{4}$	Section Number 23	Township No. T 18 S	Range Number R 37 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐  
 1032 ft from E and 915 ft from N

<b>2 WATER WELL OWNER:</b> Joe Biermann RR#, Street Address, Box #: 509 S 6th St City, State, ZIP Code : Leoti, KS 67681	<b>Global Positioning System (GPS) information:</b> 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
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**3 LOCATE WELL WITH AN "X" IN SECTION BOX:**  

N

NW	NE
SW	SE

S

-----1 mile-----

**4 DEPTH OF COMPLETED WELL 175** ..... ft.  
 Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.  
 WELL'S STATIC WATER LEVEL..... ft. below land surface measured on mo/day/yr.....  
 Pump test data: Well water was..... ft. after..... hours pumping..... gpm  
 EST. YIELD..... gpm Well water was..... ft. after..... hours pumping..... gpm  
 Bore Hole Diameter 8.5..... in. to 175..... ft., and..... in. to..... ft.  
 WELL WATER TO BE USED AS: ☐ Public water supply ☐ Geothermal ☐ Injection well  
☒ Domestic ☐ Feedlot ☐ Oil field water supply ☐ Dewatering ☐ Other (Specify below)  
☐ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☐ Monitoring well  
 Was a chemical/bacteriological sample submitted to Department? ☐ Yes ☐ No  
 If yes, mo/day/yr sample was submitted.....  
 Water well disinfected? ☒ Yes ☐ No

**5 TYPE OF CASING USED:** ☐ Steel ☒ PVC ☐ Other .....  
**CASING JOINTS:** ☒ Glued ☐ Clamped ☐ Welded ☐ Threaded  
 Casing diameter 4.5..... in. to 175..... ft., Diameter..... in. to..... ft., Diameter..... in. to..... ft.  
 Casing height above land surface 18..... in., Weight 2.5..... lbs./ft., Wall thickness or gauge No. 0.248.....  
**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 135..... ft. to 175..... ft., From..... ft. to..... ft.  
**GRAVEL PACK INTERVALS:** From 20..... ft. to 175..... ft., From..... ft. to..... ft.  
 From..... ft. to..... ft., From..... ft. to..... ft.

**6 GROUT MATERIAL:** ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other .....  
 Grout Intervals: From 0..... ft. to 20..... ft., From..... ft. to..... 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  
 Direction from well ..... Distance from well .....

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	Surface	142	150	Fine to some med sand w/ clay str
2	15	Loess	150	168	Fine to med sand w/ clay lens
15	20	Caliche	168	171	Yellow ochre
20	28	Fine to med sand	171	180	Black shale
28	41	Caliche & chert			
41	68	Sandstone & caliche			
68	101	Clay with sanstone & caliche			
101	124	Clay			
124	134	Fine to some med sand w/ clay str			
134	142	Clay w/ a few sand str			

**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) 9/7/12..... and this record is true to the best of my knowledge and belief.  
 Kansas Water Well Contractor's License No. 838..... This Water Well Record was completed on (mo/day/year) 10/5/12.....  
 under the business name of D&R Pump Service, LLC..... 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. Include fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>.