

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>Rice</u>		Fraction <u>1/4 NW 1/4 SW 1/4 SE 1/4</u>	Section Number <u>8</u>	Township Number <u>T 18 S</u>	Range Number <u>R 6 E W</u>																																																						
2 WELL OWNER: Last Name: <u>Baumbach</u> First: <u>Lucas</u> Business: Address: <u>915 State St.</u> Address: City: <u>Little River</u> State: <u>KS</u> ZIP: <u>67457</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>6 1/4 N of Little River, KS</u>																																																								
3 LOCATE WELL WITH "X" IN SECTION BOX: N <div style="border: 1px solid black; width: 100px; height: 100px; position: relative; margin: 10px auto;"><div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; border: 1px solid black; border-style: dashed;"></div><div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); font-size: 2em;">X</div><div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; border: 1px solid black; border-style: dashed; pointer-events: none;"><div style="position: absolute; top: 0; left: 0;">NW</div><div style="position: absolute; top: 0; right: 0;">NE</div><div style="position: absolute; bottom: 0; left: 0;">SW</div><div style="position: absolute; bottom: 0; right: 0;">SE</div></div></div> S ----- 1 mile -----		4 DEPTH OF COMPLETED WELL: <u>70</u> ft. Depth(s) Groundwater Encountered: 1) <u>30</u> ft. 2) ft. 3) ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: <u>30</u> ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr). <u>02/27/18</u> <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: <u>10</u> gpm Bore Hole Diameter: <u>8</u> in. to ft. and in. to ft.		5 Latitude: (decimal degrees) Longitude: (decimal degrees) Horizontal Datum: <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 Source for Latitude/Longitude: <input 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: 6 Elevation: ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC Source: <input type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other																																																							
7 WELL WATER TO BE USED AS: 1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input checked="" 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 <u>5</u> in. to <u>30</u> ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface <u>12</u> in. Weight <u>2.8</u> lbs./ft. Wall thickness or gauge No. <u>Sch. 40</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"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Concrete tile <input type="checkbox"/> None used (open hole) <input type="checkbox"/> Other (Specify) 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 <u>30</u> ft. to <u>70</u> ft., From ft. to ft., From ft. to ft. GRAVEL PACK INTERVALS: From <u>23</u> ft. to <u>70</u> 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 <u>0</u> ft. to <u>23</u> ft., From ft. to 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) <u>none in pasture</u> Direction from well? Distance from well? ft.																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>10 FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>LITHO. LOG (cont.) or PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>1</td> <td>top soil</td> <td></td> <td></td> <td></td> </tr> <tr> <td>1</td> <td>10</td> <td>clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>10</td> <td>13</td> <td>soft limestone</td> <td></td> <td></td> <td></td> </tr> <tr> <td>13</td> <td>30</td> <td>shale</td> <td></td> <td></td> <td></td> </tr> <tr> <td>30</td> <td>70</td> <td>sand rock streaks</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>shale bottom</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="3"></td> <td colspan="3" rowspan="3">Notes:</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	1	top soil				1	10	clay				10	13	soft limestone				13	30	shale				30	70	sand rock streaks						shale bottom							Notes:								
10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS																																																						
0	1	top soil																																																									
1	10	clay																																																									
10	13	soft limestone																																																									
13	30	shale																																																									
30	70	sand rock streaks																																																									
		shale bottom																																																									
			Notes:																																																								
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>02/27/18</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>186</u> This Water Well Record was completed on (mo-day-year) <u>02/28/18</u> under the business name of <u>Kelly's Water Well Service, Inc.</u> Signature <u>Kelly's Water Well Service, Inc.</u> 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 KSA 82a-1212 Revised 7/10/2015																																																											