

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: Rice		Fraction SE 1/4 SE 1/4 SW 1/4 SW 1/4	Section Number 15	Township Number T 18 S	Range Number R 7 <input type="checkbox"/> E <input checked="" type="checkbox"/> W																																																												
2 WELL OWNER: Last Name: Schmidt First: Lindsev Business: _____ Address: _____ Address: 2205 Ave. D City: Geneseo State: Ks. ZIP: 67444			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"/> From 22nd Ave. & 56 Hwy 7N to Ave. D 1/8E NSR																																																														
3 LOCATE WELL WITH "X" IN SECTION BOX: <div style="text-align: center;"> </div>		4 DEPTH OF COMPLETED WELL:167..... ft. Depth(s) Groundwater Encountered: 1) ft. 2) ft. 3) ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL:80..... ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) 9/15/2016 <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:9..... in. to167..... ft. and in. to ft.		5 Latitude:38.47903..... (decimal degrees) Longitude:098.08649..... (decimal degrees) Horizontal Datum: <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input checked="" type="checkbox"/> NAD 27 Source for Latitude/Longitude: <input checked="" type="checkbox"/> GPS (unit make/model: Garmin 62S) (WAAS enabled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No) <input type="checkbox"/> Land Survey <input checked="" type="checkbox"/> Topographic Map <input type="checkbox"/> Online Mapper:																																																													
6 Elevation:1686..... ft. <input checked="" 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 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 diameter5..... in. to67..... ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface16..... in. Weight160..... lbs./ft. Wall thickness or gauge No.214..... 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: From67..... ft. to167..... ft., From ft. to ft., From ft. to ft. GRAVEL PACK INTERVALS: From167..... ft. to20..... 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: From20..... ft. to0..... 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) Old well..... Direction from well? North Distance from well? 25' 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>3</td> <td>Top soil</td> <td>135</td> <td>150</td> <td>Gray shale w/sm strks of sandstone</td> </tr> <tr> <td>3</td> <td>15</td> <td>Brown clay</td> <td>150</td> <td>167</td> <td>Grate shale</td> </tr> <tr> <td>15</td> <td>37</td> <td>Brown clay & caliche mix</td> <td></td> <td></td> <td></td> </tr> <tr> <td>37</td> <td>39</td> <td>Red shale</td> <td></td> <td></td> <td></td> </tr> <tr> <td>39</td> <td>55</td> <td>Light green shale, yellow clay ironaded</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>rock peices</td> <td></td> <td></td> <td></td> </tr> <tr> <td>55</td> <td>75</td> <td>Gray shale</td> <td></td> <td></td> <td></td> </tr> <tr> <td>75</td> <td>130</td> <td>Gray shale w/sm strks of sandstone</td> <td></td> <td></td> <td></td> </tr> <tr> <td>130</td> <td>135</td> <td>Sandstone-rock mix, hard</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS	0	3	Top soil	135	150	Gray shale w/sm strks of sandstone	3	15	Brown clay	150	167	Grate shale	15	37	Brown clay & caliche mix				37	39	Red shale				39	55	Light green shale, yellow clay ironaded						rock peices				55	75	Gray shale				75	130	Gray shale w/sm strks of sandstone				130	135	Sandstone-rock mix, hard			
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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) 9/15/2016..... 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) 9/19/2016..... under the business name of Rosencrantz-Bemis Ent. Signature _____																																																																	

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