

State

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 NW 1/4 NE 1/4 SW 1/4 | Section Number 9 | Township Number T 18 S | Range Number R 9 E 17 W |
| 2 WELL OWNER: Last Name: Swinehart First: David Business: 14921 SE 160 acre Address: Address: City: Norwich State: KS ZIP: 67118 | | 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 checked="" type="checkbox"/> | | | |
| 3 LOCATE WELL WITH "X" IN SECTION BOX: N | | 4 DEPTH OF COMPLETED WELL: 90 ft. Depth(s) Groundwater Encountered: 1) 40 ft. 2) 40 ft. 3) 40 ft. or 40 ft. Dry Well WELL'S STATIC WATER LEVEL: 40 ft. <input type="checkbox"/> below land surface, measured on (mo-day-yr). <input checked="" type="checkbox"/> above land surface, measured on (mo-day-yr) 10-22-15 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Well water was _____ ft. after Δt hours pumping _____ gpm Estimated Yield: _____ gpm Bore Hole Diameter: 12 in. to 90 ft. and in. to _____ ft. | | 5 Latitude: 38.4987787 (decimal degrees) Longitude: 98.3200779 (decimal degrees) Horizontal Datum: <input type="checkbox"/> WGS 84 <input checked="" type="checkbox"/> NAD 23 <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: Household Commercial Industrial
2. Irrigation:
3. Feedlot:
4. Industrial:
5. Public Water Supply: well ID _____
6. Dewatering: how many wells? _____
7. Aquifer Recharge: well ID _____
8. Monitoring: well ID _____
9. Environmental Remediation: well ID _____
10. Air Sparging: Soil Vapor Extraction
11. Recovery: Injection

10. Oil Field Water Supply: lease _____
11. Test Hole: well ID _____
12. Geothermal: how many bore? _____
a) Closed Loop Horizontal Vertical
b) Open Loop Surface Discharge Inj. of Water
13. 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 90 ft. Diameter: _____ in. to _____ ft. Wall thickness or gauge No: 2.6
Casing height above land surface: 16 in. Weight: 160 lbs/ft.

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 MSH Slot Gauze Wrapped Torch Cut Drilled Holes Other (Specify) _____
 Louvered Shutter Key Punched Wire Wrapped Saw Cut None (Open Hole)

SCREEN-PERFORATED INTERVALS: From 70 ft. to 90 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 24 ft. to 90 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

9 GROUT MATERIAL: None cement Cement grout Bentonite Other _____

GROUT Intervals: From 4 ft. to 24 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

Nearest source of possible contamination:

- Septic Tank Lateral Lines Pit Privy: Livestock Pens Insecticide Storage
 Sewer Lines Cess Pool Sewage Lagoon Fuel Storage Abandoned Water Well
 Watertight Sewer Lines Septic Pit Fertilizer Storage Oil Well/Gas Well
 Other (Specify): _____

Direction from well? South East Distance from well? 107 ft.

| FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHO. LOG (cont.) or PLUGGING INTERVALS |
|------|----|-----------------------------------|------|----|--|
| 0 | 5 | Topsoil | | | |
| 5 | 30 | Tan Clay | | | |
| 30 | 46 | Brown blocky Rock + Tan clay mix | | | |
| 46 | 70 | Sand stone + streaks of grey clay | | | |
| 70 | 90 | Clay Gray | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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) 10-22-15 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 611. This Water Well Record was completed on (mo-day-year) 10-10-15 under the business name of Chase Drilling. Signature Rochelle.

Mail 1 white copy along with a fee of \$5.00 for each completed well to: Kansas Department of Health and Environment, Bureau of Water, GWTIS Section,

1000 SW Jackson St., Suite 420, Topeka, Kansas 66112-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-236-5324.

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

KSA 22a-1212

Revised 7/10/2015