

## WATER WELL RECORD

## Form WWC-5

Division of Water Resources App. No.

WW100889

| <b>1 LOCATION OF WATER WELL:</b><br>County: Barton                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    | Fraction<br>¼ SW ¼ SE ¼ SE ¼  |      | Section Number<br>30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                          | Township No.<br>T 19 S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Range Number<br>R 11 <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 <input type="checkbox"/> .<br>108 W. 11th. Ellinwood, Ks.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |                               |      | <b>Global Positioning System (GPS) information:</b><br>Latitude: ..... (in decimal degrees)<br>Longitude: ..... (in decimal degrees)<br>Elevation: .....<br>Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27<br>Collection Method:<br><input type="checkbox"/> GPS unit (Make/Model: .....)<br><input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey<br>Est. Accuracy: <input type="checkbox"/> <3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                       |  |      |    |                |      |    |                                          |   |   |          |  |  |  |   |    |            |  |  |  |    |    |                               |  |  |  |    |    |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>2 WATER WELL OWNER:</b> Rosalyn Borchers<br>RR#, Street Address, Box #: 5617 Eisenhower Ave.<br>City, State, ZIP Code : Great Bend, Ks. 67530                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    |                               |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                       |  |      |    |                |      |    |                                          |   |   |          |  |  |  |   |    |            |  |  |  |    |    |                               |  |  |  |    |    |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>3 LOCATE WELL WITH AN "X" IN SECTION BOX:</b><br>N<br><table border="1" style="width:100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width:50%;">NW</td> <td style="width:50%;">NE</td> </tr> <tr> <td>SW</td> <td>SE</td> </tr> </table> S<br> -----  mile-----                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    | NW                            | NE   | SW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | SE                                       | <b>4 DEPTH OF COMPLETED WELL</b> 55 ..... ft.<br>Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.<br>WELL'S STATIC WATER LEVEL 16 ..... ft. below land surface measured on mo/day/yr. 9-29-10.....<br>Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm<br>EST. YIELD. NA ..... gpm. Well water was ..... ft. after ..... hours pumping ..... gpm<br>Bore Hole Diameter 10 ..... in. to 55 ..... ft., and ..... in. to ..... ft.<br>WELL WATER TO BE USED AS: <input type="checkbox"/> Public water supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Injection well<br><input type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below)<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Domestic-lawn & garden <input type="checkbox"/> Monitoring well .....<br>Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, mo/day/yr sample was submitted.....<br>Water well disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                                                                       |  |      |    |                |      |    |                                          |   |   |          |  |  |  |   |    |            |  |  |  |    |    |                               |  |  |  |    |    |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NE |                               |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                       |  |      |    |                |      |    |                                          |   |   |          |  |  |  |   |    |            |  |  |  |    |    |                               |  |  |  |    |    |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | SE |                               |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                       |  |      |    |                |      |    |                                          |   |   |          |  |  |  |   |    |            |  |  |  |    |    |                               |  |  |  |    |    |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>5 TYPE OF CASING USED:</b> <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other .....<br>CASING JOINTS: <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded<br>Casing diameter .5 ..... in. to 55 ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.<br>Casing height above land surface 18 ..... in., Weight SDR 26 ..... lbs./ft., Wall thickness or gauge No. ....<br>TYPE OF SCREEN OR PERFORATION MATERIAL:<br><input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) .....<br><input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> None used (open hole)<br>SCREEN OR PERFORATION OPENINGS ARE:<br><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"/> None (open hole)<br><input type="checkbox"/> Louvered shutter <input type="checkbox"/> Key punched <input type="checkbox"/> Wire wrapped <input checked="" type="checkbox"/> Saw cut <input type="checkbox"/> Other (specify) .....<br>SCREEN-PERFORATED INTERVALS: From 55 ..... ft. to 35 ..... ft., From ..... ft. to ..... ft.<br>From ..... ft. to ..... ft., From ..... ft. to ..... ft.<br>GRAVEL PACK INTERVALS: From 55 ..... ft. to 20 ..... ft., From ..... ft. to ..... ft.<br>From ..... ft. to ..... ft., From ..... ft. to ..... ft. |    |                               |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                       |  |      |    |                |      |    |                                          |   |   |          |  |  |  |   |    |            |  |  |  |    |    |                               |  |  |  |    |    |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>6 GROUT MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other .....<br>Grout Intervals: From ..... ft. to ..... ft., From 20 ..... ft. to 0 ..... ft., From ..... ft. to ..... ft.<br>What is the nearest source of possible contamination:<br><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"/> Other (specify below)<br><input type="checkbox"/> Sewer lines <input type="checkbox"/> Cesspool <input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Fuel storage <input type="checkbox"/> Abandoned water well<br><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 ..... House .....<br>Direction from well South ..... Distance from well 20ft. ....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |    |                               |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                       |  |      |    |                |      |    |                                          |   |   |          |  |  |  |   |    |            |  |  |  |    |    |                               |  |  |  |    |    |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:40%;">LITHOLOGIC LOG</th> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:20%;">LITHO. LOG (cont.) or PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>3</td> <td>Top soil</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td>13</td> <td>Brown clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>13</td> <td>54</td> <td>Sand &amp; gravel-medium to large</td> <td></td> <td></td> <td></td> </tr> <tr> <td>54</td> <td>55</td> <td>Sandy brown clay</td> <td></td> <td></td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |    |                               |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                       |  | FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHO. LOG (cont.) or PLUGGING INTERVALS | 0 | 3 | Top soil |  |  |  | 3 | 13 | Brown clay |  |  |  | 13 | 54 | Sand & gravel-medium to large |  |  |  | 54 | 55 | Sandy brown clay |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TO | LITHOLOGIC LOG                | FROM | TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | LITHO. LOG (cont.) or PLUGGING INTERVALS |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                       |  |      |    |                |      |    |                                          |   |   |          |  |  |  |   |    |            |  |  |  |    |    |                               |  |  |  |    |    |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 54                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 55 | Sandy brown clay              |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                       |  |      |    |                |      |    |                                          |   |   |          |  |  |  |   |    |            |  |  |  |    |    |                               |  |  |  |    |    |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> 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) 9-29-10 ..... and this record is true to the best of my knowledge and belief.<br>Kansas Water Well Contractor's License No. 134 ..... This Water Well Record was completed on (mo/day/year) 10-18-10 .....<br>under the business name of Rosencrantz-Bemis ..... by (signature) <i>Rosencrantz-Bemis</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |                               |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                       |  |      |    |                |      |    |                                          |   |   |          |  |  |  |   |    |            |  |  |  |    |    |                               |  |  |  |    |    |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**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 785-296-5522. 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>.