

**WATER WELL RECORD Form WWC-5**

Division of Water Resources App. No.  

Well ID  

Original Record  Correction  Change in Well Use

<b>1 LOCATION OF WATER WELL:</b> County: Rush	Fraction ¼ NE ¼ NE ¼ NE ¼	Section Number 5	Township Number T 19 S	Range Number R 16 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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<b>2 WELL OWNER:</b> Last Name: <b>Brack</b> First: <b>Alan</b> Business: Address: <b>3630 Avenue O</b> Address: City: <b>Bison</b> State: <b>KS</b> ZIP: <b>67520</b>	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"/> <b>2 1/2 South, 3/4 West of Shaffer</b>
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<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> N <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 25%;">NW</td> <td style="width: 25%;">NE</td> </tr> <tr> <td style="width: 25%;">SW</td> <td style="width: 25%;">SE</td> </tr> </table> E S 1 mile	NW	NE	SW	SE	<b>4 DEPTH OF COMPLETED WELL:</b> ..... 273 ..... 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) ..... 4-8-19 ..... <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: ..... 10 ..... in. to ..... 273 ..... ft. and ..... in. to ..... ft.	<b>5 Latitude:</b> ..... 38.43475 ..... (decimal degrees) <b>Longitude:</b> ..... 99.10724 ..... (decimal degrees) Horizontal Datum: <input type="checkbox"/> WGS 84 <input checked="" type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 Source for Latitude/Longitude: <input checked="" 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: .....
NW	NE					
SW	SE					
<b>6 Elevation:</b> ..... ft. <input 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 <input type="checkbox"/> Irrigation <input type="checkbox"/> Feedlot <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): .....
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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 ..... 273 ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
 Casing height above land surface ..... 18 ..... in. Weight ..... SDR: 21 ..... lbs./ft. Wall thickness or gauge No. ....  
**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  Mill Slot  Gauze Wrapped  Torch Cut  Drilled Holes  Other (Specify) .....  
 Louvered Shutter  Key Punched  Wire Wrapped  Saw Cut  None (Open Hole)  
**SCREEN-PERFORATED INTERVALS:** From ..... 273 ..... ft. to ..... 233 ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
**GRAVEL PACK INTERVALS:** From ..... 273 ..... ft. to ..... 50 ..... ft., From ..... 40 ..... ft. to ..... 20 ..... ft., From ..... ft. to ..... ft.

**9 GROUT MATERIAL:**  Neat cement  Cement grout  Bentonite  Other .....  
 Grout Intervals: From ..... ft. to ..... ft., From ..... 50 ..... ft. to ..... 40 ..... ft., From ..... 20 ..... ft. to ..... 0 ..... 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  Seepage Pit  Feedyard  Fertilizer Storage  Oil Well/Gas Well  
 Other (Specify) ..None .....  
 Direction from well? ..... Distance from well? ..... ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	Top soil	230	273	Sandstone
2	31	Tan silty clay	273		Gray shale
31	42	Broken rock & clay			
42	70	Dark shale w/ pyrite			
70	83	White clay			
83	111	Gray shale w/ coal & sandstone streaks			
111	157	Light gray shale & fire clay			
157	158	Sandstone			
158	230	Fire clay			

**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) ..... 4-30-19 ..... 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) ... 5-15-19 ..... under the business name of ... Rosenkrantz-Bemis Ent Inc ..... Signature Thora Allie .....

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