

WATER WELL RECORD Form WWC-5

Division of Water Resources App. No.

Well ID

Original Record Correction Change in Well Use

1 LOCATION OF WATER WELL: County: Rush	Fraction ¼ NW ¼ NW ¼ SW 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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2 WELL OWNER: Last Name: Brack First: Scott Business: _____ Address: PO Box 27 Address: _____ City: Albert State: KS ZIP: 67511	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"/> 3 South, 1 1/2 West of Shaffer
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3 LOCATE WELL WITH "X" IN SECTION BOX:

N

NW	NE
SW	SE

S

1 mile

4 DEPTH OF COMPLETED WELL:120..... ft.

Depth(s) Groundwater Encountered: 1) ft.
 2) ft. 3) ft., or 4) Dry Well

WELL'S STATIC WATER LEVEL:89..... ft.

below land surface, measured on (mo-day-yr) 4-8-19
 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. to120..... ft. and
 in. to ft.

5 Latitude:38.42712.....(decimal degrees)
Longitude:99.12302.....(decimal degrees)
Horizontal Datum: WGS 84 NAD 83 NAD 27
Source for Latitude/Longitude:
 GPS (unit make/model:)
 (WAAS enabled? Yes No)
 Land Survey Topographic Map
 Online Mapper:

6 Elevation:ft. Ground Level TOC
Source: Land Survey GPS Topographic Map
 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	10. <input type="checkbox"/> Oil Field Water Supply: lease
6. <input type="checkbox"/> Dewatering: how many wells?	7. <input type="checkbox"/> Aquifer Recharge: well ID	11. Test Hole: well ID
8. <input type="checkbox"/> Monitoring: well ID	9. Environmental Remediation: well ID	12. Geothermal: how many bores?
<input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection	13. <input type="checkbox"/> Other (specify):	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

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 diameter5..... in. to120..... ft., Diameter in. to ft., Diameter in. to ft.
 Casing height above land surface18..... in. Weight SDR-26 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: From120..... ft. to80..... ft., From ft. to ft., From ft. to ft.
 GRAVEL PACK INTERVALS: From120..... ft. to20..... ft., From ft. to ft., From ft. to ft.

9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other

Grout Intervals: From ft. to ft., From20..... ft. to0..... 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

Other (Specify) ...None.....

Direction from well? Distance from well? ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	3	Top soil	94	103	Gray shale
3	15	Brown clay	103	109	Sandstone
15	18	Broken rock & clay	109	120	Gray shale w/ sandstone streaks
18	22	Brown clay			
22	32	Yellow clay w/ limestone streaks			
32	80	Hard gray shale w/ very hard pyrite & limestone			
80	89	Gray shale w/ sandstone streaks			
89	94	Sandstone			

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) ...5-16-19..... under the business name of ...Rosencrantz-Bemis, Ent Inc..... Signature *[Signature]*