

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources App. No.  

<b>1 LOCATION OF WATER WELL:</b> County: Rice	Fraction ¼ SE ¼ SE ¼ SE ¼	Section Number 9	Township No. T 19 S	Range Number R 8 <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 .  
3 1/4 North of Lyons

**Global Positioning System (GPS) information:**  
 Latitude: ..... (in decimal degrees)  
 Longitude: ..... (in decimal degrees)  
 Elevation: .....  
 Datum:  WGS 84,  NAD 83,  NAD 27  
 Collection Method:  
 GPS unit (Make/Model: .....)  
 Digital Map/Photo,  Topographic Map,  Land Survey  
 Est. Accuracy:  <3 m,  3-5 m,  5-15 m,  >15 m

**2 WATER WELL OWNER:** Venture Corp.  
 RR#, Street Address, Box #: 214 S. Hwy 281  
 City, State, ZIP Code : Great Bend, Ks. 67530

<p><b>3 LOCATE WELL WITH AN "X" IN SECTION BOX:</b> N</p> <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 5px;">NW</td> <td style="border: 1px solid black; padding: 5px;">NE</td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;">SW</td> <td style="border: 1px solid black; padding: 5px;">SE</td> </tr> </table> <p style="text-align: center;">S -----1 mile-----</p>	NW	NE	SW	SE	<p><b>4 DEPTH OF COMPLETED WELL</b> 80 ..... ft.                  Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.                  WELL'S STATIC WATER LEVEL..36..... ft. below land surface measured on mo/day/yr. 6-30-11.....                  Pump test data: Well water was.....ft. after..... hours pumping..... gpm                  EST. YIELD. N/A...gpm. Well water was.....ft. after..... hours pumping..... gpm                  Bore Hole Diameter 10.....in. to 80.....ft., and .....in. to .....ft.                  WELL WATER TO BE USED AS: <input type="checkbox"/> Public water supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Injection well  <input type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input checked="" type="checkbox"/> Other (Specify below)  <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Domestic-lawn &amp; garden <input type="checkbox"/> Monitoring well Supply.....                  Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                  If yes, mo/day/yr sample was submitted.....                  Water well disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
NW	NE				
SW	SE				

**5 TYPE OF CASING USED:**  Steel  PVC  Other .....  
**CASING JOINTS:**  Glued  Clamped  Welded  Threaded  
 Casing diameter 5..... in. to 80..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
 Casing height above land surface..18..... in., Weight SDR.26.....lbs./ft., Wall thickness or gauge No. ....  
**TYPE OF SCREEN OR PERFORATION MATERIAL:**  
 Steel  Stainless Steel  PVC  Other (Specify) .....  
 Brass  Galvanized Steel  None used (open hole)  
**SCREEN OR PERFORATION OPENINGS ARE:**  
 Continuous slot  Mill slot  Gauze wrapped  Torch cut  Drilled holes  None (open hole)  
 Louvered shutter  Key punched  Wire wrapped  Saw cut  Other (specify) .....  
**SCREEN-PERFORATED INTERVALS:** From..80..... ft. to ..50..... ft., From ..... ft. to ..... ft.  
 From..... ft. to ..... ft., From ..... ft. to ..... ft.  
**GRAVEL PACK INTERVALS:** From..80..... ft. to 20..... ft., From ..... ft. to ..... ft.  
 From..... ft. to ..... ft., From ..... ft. to ..... ft.

**6 GROUT MATERIAL:**  Neat cement  Cement grout  Bentonite  Other .....  
 Grout Intervals: From ..... ft. to ..... ft., From 20..... ft. to 0..... ft., From ..... ft. to ..... ft.  
 What is the nearest source of possible contamination:  
 Septic tank  Lateral lines  Pit privy  Livestock pens  Insecticide storage  Other (specify below)  
 Sewer lines  Cesspool  Sewage lagoon  Fuel storage  Abandoned water well  
 Watertight sewer lines  Seepage pit  Feedyard  Fertilizer storage  Oil well/gas well **Asphalt plant**.....  
 Direction from well North..... Distance from well ..10.....

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	4	Top soil			
4	38	Tan clay/ caliche			
38	51	Tan clay			
51	70	Sandstone & rock			
70	74	Black shale			
74	75	Hard rock			
75	80	Black shale			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was  constructed,  reconstructed, or  plugged under my jurisdiction and was completed on (mo/day/year) 6-30-11..... 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) 7-8-11.....  
 under the business name of Rosencrantz-Bemis..... by (signature) *Sam Allen*.....

**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>.