

# WATER WELL RECORD Form WWC-5

☒ Original Record ☐ Correction ☐ Change in Well Use

Division of Water  
Resources App. No.

Well ID

<b>1 LOCATION OF WATER WELL:</b> County: Barton		Fraction ¼ SE ¼ SE ¼ SW ¼	Section Number 32	Township Number T 20 S	Range Number R 14 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
<b>2 WELL OWNER:</b> Last Name: Woodral First: Jeff Business: Address: P O Box 1485 Address: City: Great Bend State: KS ZIP: 67530		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"/> 5 S, 7W of Great Bend, KS			
<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> N W E S [-----] 1 mile [-----]		<b>4 DEPTH OF COMPLETED WELL:</b> ..... 120 ..... ft. Depth(s) Groundwater Encountered: 1) ..... 15 ..... ft. 2) ..... ft. 3) ..... ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: ..... 15 ..... ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr). 04/26/19 <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: ..... 80 ..... gpm Bore Hole Diameter: ..... 8 ..... in. to ..... ft. and ..... in. to ..... ft.		<b>5 Latitude:</b> ..... (decimal degrees) <b>Longitude:</b> ..... (decimal degrees) <b>Horizontal Datum:</b> <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 <b>Source for Latitude/Longitude:</b> <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: .....	
		<b>6 Elevation:</b> ..... ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC <b>Source:</b> <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:<br><input checked="" type="checkbox"/> Household<br><input type="checkbox"/> Lawn & Garden<br><input type="checkbox"/> Livestock<br>2. <input type="checkbox"/> Irrigation<br>3. <input type="checkbox"/> Feedlot<br>4. <input type="checkbox"/> Industrial | 5. <input type="checkbox"/> Public Water Supply: well ID .....<br>6. <input type="checkbox"/> Dewatering: how many wells? .....<br>7. <input type="checkbox"/> Aquifer Recharge: well ID .....<br>8. <input type="checkbox"/> Monitoring: well ID .....<br>9. Environmental Remediation: well ID .....<br><input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction<br><input type="checkbox"/> Recovery <input type="checkbox"/> Injection | 10. <input type="checkbox"/> Oil Field Water Supply: lease .....<br>11. Test Hole: well ID .....<br><input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical<br>12. Geothermal: how many bores? .....<br>a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical<br>b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water<br>13. <input type="checkbox"/> 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 ..... 26 ..... ft., Diameter ..... 5 ..... in. to ..... 56 ..... ft., Diameter ..... 5 ..... in. to ..... 100 ..... ft.  
 Casing height above land surface ..... 12 ..... in. Weight ..... 2.8 ..... lbs./ft. Wall thickness or gauge No. Sch. 40

## 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 26 ..... ft. to 46 ..... ft., From 56 ..... ft. to 76 ..... ft., From 100 ..... ft. to 120 ..... ft.

**GRAVEL PACK INTERVALS:** From 23 ..... ft. to 50 ..... ft., From 55 ..... ft. to 91 ..... ft., From 95 ..... ft. to 120 ..... ft.

**9 GROUT MATERIAL:** ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other .....

**Grout Intervals:** From 0 ..... ft. to 23 ..... ft., From 50 ..... ft. to 55 ..... ft., From 91 ..... ft. to 95 ..... 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    |
| <input checked="" type="checkbox"/> Other (Specify) pond |  |  |   |   |

**Direction from well?** South **Distance from well?** 30 ..... ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	top soil			
2	17	clay			
17	46	sand and gravel			
46	56	clay			
56	76	sand and gravel			
76	100	clay			
100	120	sand and gravel			
		clay bottom			

**Notes:** Location OK'd by Barton Environmental. Spoke to Pam Chaffee with the KDHE 4/23/19@ 10:40 am about well construction for this well.

**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) 04/26/19 ..... and this record is true to the best of my knowledge and belief.  
 Kansas Water Well Contractor's License No. 186 ..... This Water Well Record was completed on (mo-day-year) 04/29/19 .....  
 under the business name of Kelly's Water Well Service, Inc. Signature *Kathryn L. Wood*

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