

WATER WELL RECORD Form WWC-5

Original Record Correction Change in Well Use

Division of Water Resources App. No.

Well ID 26,738

| | | | | |
|--|---|----------------------|---------------------------|--|
| 1 LOCATION OF WATER WELL: County: Rice | Fraction SE 1/4 SW 1/4 SW 1/4 SE 1/4 | Section Number 32 | Township Number T 20 S | Range Number R 9 <input type="checkbox"/> E <input checked="" type="checkbox"/> W |
|--|---|----------------------|---------------------------|--|

| | |
|--|--|
| 2 WELL OWNER: Last Name: Caywood First: Douq Business: John W. Caywood Estate Address: Address: 1845 8th Rd. City: Raymond State: Ks. ZIP: 67573 | 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"/> From Alden, Ks. 1W 1N |
|--|--|

3 LOCATE WELL WITH "X" IN SECTION BOX:

N

| | |
|----------|----------|
| -- NW -- | -- NE -- |
| W | E |
| -- SW -- | -- SE -- |
| S | |

----- 1 mile -----

4 DEPTH OF COMPLETED WELL: **65** ft.

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

WELL'S STATIC WATER LEVEL: **18** ft.
 below land surface, measured on (mo-day-yr) **3/8/2017**
 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: **30** in. to **65** ft. and
 in. to ft.

5 Latitude: (decimal degrees)
Longitude: (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:

7 WELL WATER TO BE USED AS:

| | | |
|--|--|--|
| 1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock 2. <input checked="" 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 diameter **16** in. to **30** ft., Diameter in. to ft., Diameter in. to ft.
 Casing height above land surface **24** in. Weight **SCH40** lbs./ft. Wall thickness or gauge No. **500**

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 _{pvc} Saw Cut None (Open Hole) **S.S.**

SCREEN-PERFORATED INTERVALS: From **30** ft. to **45** ft., From **45** ft. to **65** ft., From ft. to ft.

GRAVEL PACK INTERVALS: From **65** ft. to **15** ft., From ft. to ft., From ft. to ft.

9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other

Grout Intervals: From **15** ft. to **0** ft., From ft. to 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) **Plugged**

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

| 10 FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHO. LOG (cont.) or PLUGGING INTERVALS |
|---------------|----|--------------------|------|----|--|
| 0 | 1 | Sandy top soil | | | |
| 1 | 8 | Clay | | | |
| 8 | 33 | Good sand & gravel | | | |
| 33 | 45 | Clay & black mud | | | |
| 45 | 60 | Gravel | | | |
| 60 | 65 | Shale | | | |
| Notes: | | | | | |

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) **3/8/2017** 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) **3/21/2017** under the business name of **Rosencrantz-Bemis Ent.** Signature **Cindy Smith**

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.