

WATER WELL RECORD Form WWC-5

Original Record Correction Change in Well Use

Division of Water Resources App. No.

Well ID

1 LOCATION OF WATER WELL: County: Pawnee	Fraction ¼ NE ¼ SE ¼ SE ¼	Section Number 31	Township Number T 21 S	Range Number R 16 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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2 WELL OWNER: Last Name: Skelton First: John Business: Address: 301 Morris Address: City: Larned State: KS ZIP: 67550	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 checked="" type="checkbox"/> 301 Morris, Larned, KS
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3 LOCATE WELL WITH "X" IN SECTION BOX:

N

NW	NE	E
W	X	
SW	SE	S

S

|----- 1 mile -----|

4 DEPTH OF COMPLETED WELL:**160**..... ft.

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

WELL'S STATIC WATER LEVEL:**69**..... ft.
 below land surface, measured on (mo-day-yr)**4-6-18**.....
 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**160**..... ft. and
..... in. to ft.

5 Latitude:**38.1766**.....(decimal degrees)
Longitude:**99.1152**.....(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 checked="" type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock	5. <input type="checkbox"/> Public Water Supply: well ID	10. <input type="checkbox"/> Oil Field Water Supply: lease
2. <input type="checkbox"/> Irrigation	6. <input type="checkbox"/> Dewatering: how many wells?	11. Test Hole: well ID
3. <input type="checkbox"/> Feedlot	7. <input type="checkbox"/> Aquifer Recharge: well ID	<input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical
4. <input type="checkbox"/> Industrial	8. <input type="checkbox"/> Monitoring: well ID	12. Geothermal: how many bores?
	9. Environmental Remediation: well ID	a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical
	<input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction	b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water
	<input type="checkbox"/> Recovery <input type="checkbox"/> Injection	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**160**..... 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 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**160**..... ft. to**120**..... ft., From ft. to ft., From ft. to ft.
GRAVEL PACK INTERVALS: From**160**..... ft. to**20**..... ft., From ft. to ft., From ft. to ft.

9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other

Grout Intervals: From ft. to ft., From**20**..... ft. to**0**..... 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) ...**House**.....
Direction from well?**Northwest**..... Distance from well?**20ft**..... ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	3	Top soil	85	105	Fire clay
3	15	Limestone & sandrock	105	127	White, gray shale
15	21	Gray shale	127	160	Sandstone
21	24	Fire clay			
24	32	Gray shale w/ limestone			
32	47	Sandstone- coarse			
47	58	Fire clay			
58	65	Sandstone			
65	85	Gray shale			

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) ...**4-6-18**..... 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) ...**5-4-18**..... under the business name of ...**Rosencrantz- Bemis Ent Inc**..... Signature*Rosa Alifan*.....