

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: Stafford Fraction: 1/4 NE 1/4 SE 1/4 SW 1/4 Section Number: 7 Township Number: T 22 S Range Number: R 13 E 1 W

2 WELL OWNER: Last Name: Olivier First: Jeff 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:
 Business: _____ Address: 1328 NW 50th Ave South of Seward 1 3/4 miles
 Address: _____ City: St John State: Ks ZIP: 67576

3 LOCATE WELL WITH "X" IN SECTION BOX:

N

NW	NE
SW	SE

S

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

4 DEPTH OF COMPLETED WELL: 80 ft.
 Depth(s) Groundwater Encountered: 1) _____ ft.
 2) _____ ft. 3) _____ ft., or 4) Dry Well
WELL'S STATIC WATER LEVEL: 20 ft.
 below land surface, measured on (mo-day-yr) 3-2-18
 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: 9 in. to 80 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: _____
6 Elevation: _____ ft. Ground Level TOC
 Source: Land Survey GPS Topographic Map
 Other _____

7 WELL WATER TO BE USED AS:

1. Domestic: Household Lawn & Garden Livestock
 2. Irrigation
 3. Feedlot
 4. Industrial
 5. Public Water Supply: well ID _____
 6. Dewatering: how many wells? _____
 7. Aquifer Recharge: well ID _____
 8. Monitoring: well ID _____
 9. Environmental Remediation: well ID _____
 Air Sparge Soil Vapor Extraction
 Recovery Injection
 10. Oil Field Water Supply: lease _____
 11. Test Hole: well ID _____
 Cased Uncased Geotechnical
 12. Geothermal: how many bores? _____
 a) Closed Loop Horizontal Vertical
 b) Open Loop Surface Discharge Inj. of Water
 13. Other (specify): Pond well

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 80 ft. Diameter _____ in. to _____ ft. Diameter _____ in. to _____ ft.
 Casing height above land surface 18 in. Weight 50226 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 60 ft. to 80 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From 20 ft. to 80 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other _____
 Grout Intervals: From 0 ft. to 20 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
Nearest source of possible contamination:
 Septic Tank Lateral Lines Pit Privy Livestock Pens Insecticide Storage
 Sewer Lines Cess Pool Sewage Lagoon Fuel Storage Abandoned Water Well
 Watertight Sewer Lines Seepage Pit Feedyard Fertilizer Storage 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	2	Sandy Top Soil			
2	30	Clay			
30	45	Clay w/ sand streaks			
45	55	Clay			
55	80	Small loose gravel			
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) 3-1-18 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 940 This Water Well Record was completed on (mo-day-year) 3-2-18 under the business name of Tribal Water Well Drilling Signature: [Signature]

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