

WATER WELL RECORD Form WWC-5

Division of Water Resources App. No.

Well ID

Original Record Correction Change in Well Use

1 LOCATION OF WATER WELL: County: Pawnee	Fraction $\frac{1}{4}$ SE $\frac{1}{4}$ NE $\frac{1}{4}$ SW $\frac{1}{4}$	Section Number 33	Township Number T 22 S	Range Number R 17 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
---	--	-----------------------------	----------------------------------	--

2 WELL OWNER: Last Name: Meckfessel First: Ryan Business: Address: 1924 I Road Address: City: Garfield State: KS ZIP: 67579	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"/> 1/2 North, 2 1/4 East of Garfield
--	---

3 LOCATE WELL WITH "X" IN SECTION BOX:

N

NW	NE
SW	SE

S

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

4 DEPTH OF COMPLETED WELL: **30** ft.

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

WELL'S STATIC WATER LEVEL: **6** ft.
 below land surface, measured on (mo-day-yr) **9-15-16**
 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 **30** ft. and
..... in. to ft.

5 Latitude: **38.090840** (decimal degrees)
Longitude: **99.198003** (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 type="checkbox"/> Lawn & Garden <input checked="" 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 **30** 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 **20** ft. to **10** ft., From ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From **30** ft. to **8** 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 **8** 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) **None**

Direction from well? Distance from well? ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	3	Top soil			
3	4	Brown clay			
4	18	Sand & gravel- small med loose coarse clean			
18	30	Tan clay			
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) **9-15-16** 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) **9-22-16** under the business name of **Rosencrantz-Bemis Ent. Inc.** 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.