

**WATER WELL RECORD****Form WWC-5**

1089282

Division of Water Resources App. No.

Well ID

- 
- Original Record
- 
- Correction
- 
- Change in Well Use

**1 LOCATION OF WATER WELL:**

County:

Fraction

1/4 1/4 1/4 1/4

Section Number

Township Number

T

S

Range Number

R

 E W**2 WELL OWNER: Last Name:**

First:

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:

Address:

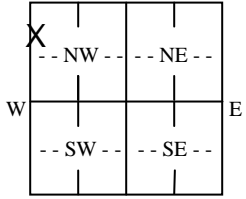
City:

State:

ZIP:

**3 LOCATE WELL WITH "X" IN SECTION BOX:**

N



S

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

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

Depth(s) Groundwater Encountered: 1) ..... ft.

2) ..... ft. 3) ..... ft., or 4)  Dry Well

WELL'S STATIC WATER LEVEL: ..... ft.

 below land surface, measured on (mo-day-yr)..... 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: ..... in. to ..... ft. and

..... in. to ..... ft.

**5 Latitude:** .....(decimal degrees)**Longitude:** .....(decimal degrees)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  TOCSource:  Land Survey  GPS  Topographic Map Other .....**7 WELL WATER TO BE USED AS:**

## 1. Domestic:

 Household Lawn & Garden Livestock2.  Irrigation3.  Feedlot4.  Industrial5.  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 Injection10.  Oil Field Water Supply: lease .....

11. Test Hole: well ID .....

 Cased  Uncased  Geotechnical

12. Geothermal: how many bores? .....

a) Closed Loop  Horizontal  Verticalb) Open Loop  Surface Discharge  Inj. of Water13.  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 ..... in. to ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.

Casing height above land surface ..... in. Weight ..... 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 ..... ft. to ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From ..... ft. to ..... 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 ..... 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) .....

Direction from well? ..... Distance from well? ..... ft.

**10 FROM****TO****LITHOLOGIC LOG****FROM****TO****LITHO. LOG (cont.) or PLUGGING INTERVALS**


**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) ..... and this record is true to the best of my knowledge and belief.

Kansas Water Well Contractor's License No. .... This Water Well Record was completed on (mo-day-year) .....

under the business name of .....

Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.

KS Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-3565.

Visit us at <http://www.kdheks.gov/waterwell/index.html>

KSA 82a-1212

Form	WWC5
Contractor	Hydro Resources Mid Continent, Inc.
Well Owner	John Standley
Doc ID	1089282

Litholgy

From	To	LithologicLog
0	2	TOP SOIL
2	31	BROWN CLAY
31	42	FINE TO MEDIUM SAND
42	73	BROWN CLAY, GYPSUM, FEW FINE SAND STREAKS
73	82	SANDY BROWN CLAY
82	110	LIGHT BROWN CLAY, GYPSUM
110	118	CEMENTED COARSE SAND SMALL GRAVEL, FEW LOOSE STREAKSA
118	134	BROWN CLAY, FEW MEDIUUM TO COARSE SAND STREAKS
134	154	cOARSE sAND, sMALL GRAVEL
154	156	CEMENTED COARSE SAND, BROWN CLAY STREAKS
156	173	COARSE TO VERY COARSE SAND, SM GRAVEL, WHITE BROKEN ROCK
173	174	BROWN CLAY
174	182	COARSE TO VERY COARSE SAND, SMALL GRAVEL M WHITE BROKEN ROCK
182	193	MED TO COARSE SAND, SM GRAVEL, WHITE BROKEN ROCK, FEW SM BROWN CLAY STREAKS

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From	To	LithologicLog
193	218	YELLOW SOAP STONE, GRAY SHALE
218		BLACK SHALE