

# WATER WELL RECORD Form WWC-5

☒ Original Record ☐ Correction ☐ Change in Well Use

Division of Water  
Resources App. No.

20180275

Well ID

## 1 LOCATION OF WATER WELL:

County: **Stafford**

Fraction

1/4 SW 1/4 SW 1/4 NW 1/4

Section Number

27

Township Number

T 23 S

Range Number

R 12 ☐ E ☒ W

## 2 WELL OWNER: Last Name: **Rewerts**

First: **David**

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: ☐  
**3N, 1W of Stafford, KS**

Business:  
Address: **507 NE 60th Ave.**  
Address:

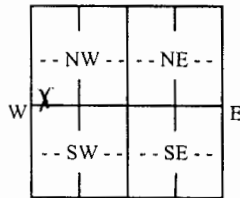
City: **Stafford**

State: **KS**

ZIP: **67578**

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

N



S

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

## 4 DEPTH OF COMPLETED WELL: 108 ft.

Depth(s) Groundwater Encountered: 1) 15 ft.

2) ft. 3) ft. or 4) ☐ Dry Well

WELL'S STATIC WATER LEVEL: 15 ft.

☒ below land surface, measured on (mo-day-yr) 11/15/18.

☐ 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: 80 gpm

Bore Hole Diameter: 8 in. to ..... 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 **Rewerts #1-27**

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): .....

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 diameter 5 in. to 88 ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.

Casing height above land surface 12 in. Weight 2.8 lbs./ft. Wall thickness or gauge No. Sch. 40

## 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 40 ft. to 108 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From 20 ft. to 108 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) .....

Direction from well? **South** Distance from well? 130 ft.

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

0 8 sandy top soil

8 27 clay

27 35 sandy clay

35 78 clay

78 108 sand and 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) 11/15/18 and this record is true to the best of my knowledge and belief.

Kansas Water Well Contractor's License No. 186 This Water Well Record was completed on (mo-day-year) 11/19/18

under the business name of **Kelly's Water Well Service, Inc.** Signature **Kathleen L. Good**

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