

## WATER WELL RECORD

Form WWC-5

1147419

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:

Business:

Address:

Address:

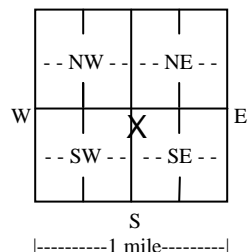
City:

State:

ZIP:

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

N



## 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 ☐ No8 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	
Doc ID	1147419

#### Litholgy

From	To	LithologicLog
0	2	TOP SOIL
2	25	BROWN CLAY
25	28	COARSE SAND, SMALL GRAVEL
28	66	LIGHT BROWN CLAY
66	78	FINE TO MED BROWN SAND
78	87	BROWN CLAY
87	142	LIGHT BROWN CLAY
142	148	CEMENTED SAND, BROWN CLAY
148	156	COARSE SAND, SMALL GRAVEL, FEW CEMENTED SAND
156	162	BROWN CLAY
162	180	COARSE SAND SMALL TO MED GRAVEL, FEW CEMENTED SAND STREAKS
180	183	LIGHT BROWN CLAY, CEMENTED SAND STREAKS
183	190	MED TO COARSE SAND, SMALL TO MED GRAVEL
190	200	COARSE SAND
200	205	BROWN CLAY
205	213	FINE TO MED SAND, FEW BROWN CLAY STREAKS

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Litholgy

From	To	LithologicLog
213	225	COARSE SAND, SMALL GRAVEL WHITE BROKEN ROCK
225	232	MED TO COARSE SAND, SMALL GRAVEL, WHITE BROKEN ROCK FEW BROWN CLAY STREAKS
232	236	BROWN CLAY, FEW SMALL MED SAND STREAKS
236	238	COARSE SAND SMALL GRAVEL, WHITE BROKEN ROCK
238	266	SANDY BROWN CLAY, WHITE BROKEN ROCK, FEW SMALL MED SAND STREAKS
266	273	WHITE BROKEN ROCK
273	282	YELLOW SOAPSTONE
5		
5		
5		
5		
5		