

# WATER WELL RECORD Form WWC-5

☒ Original Record ☐ Correction ☐ Change in Well Use

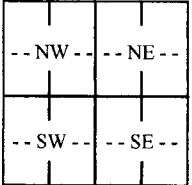
Division of Water

Resources App. No.

Well ID

<b>1 LOCATION OF WATER WELL:</b> County: <b>Reno</b>	Fraction SE 1/4 SE 1/4 NE 1/4 SE 1/4	Section Number <b>19</b>	Township Number T <b>23</b> S	Range Number R <b>4</b> <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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<b>2 WELL OWNER:</b> Last Name: <b>Baur</b> First: <b>Todd</b> Business: Address: Address: <b>3020 Hwy 56</b> City: <b>Windom</b> State: <b>Ks.</b> ZIP: <b>67491</b>	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"/> <b>8500 E. Blanchard Ave. 50 hwy &amp; Brandy lake rd. 1/2E NSR</b>
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<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> N  W E S [-----] 1 mile [-----]	<b>4 DEPTH OF COMPLETED WELL:</b> ..... <b>44</b> ..... ft. Depth(s) Groundwater Encountered: 1) ..... ft. 2) ..... ft. 3) ..... ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: ..... <b>7</b> ..... ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) <b>2/11/2020</b> <input type="checkbox"/> 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: ..... <b>1</b> ..... in. to ..... <b>44</b> ..... ft. and ..... in. to ..... ft.	<b>5 Latitude:</b> ..... <b>38.03250</b> ..... (decimal degrees) <b>Longitude:</b> ..... <b>097.79401</b> ..... (decimal degrees) Horizontal Datum: <input type="checkbox"/> WGS 84 <input checked="" type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 Source for Latitude/Longitude: <input checked="" type="checkbox"/> GPS (unit make/model: <b>Garman 62S</b> ) (WAAS enabled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No) <input type="checkbox"/> Land Survey <input checked="" type="checkbox"/> Topographic Map <input type="checkbox"/> Online Mapper: .....
	<b>6 Elevation:</b> ..... <b>1509</b> ..... ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC Source: <input type="checkbox"/> Land Survey <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other .....	

<b>7 WELL WATER TO BE USED AS:</b> 1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input checked="" type="checkbox"/> Livestock 2. <input type="checkbox"/> Irrigation 3. <input type="checkbox"/> Feedlot 4. <input type="checkbox"/> Industrial 5. <input type="checkbox"/> Public Water Supply: well ID ..... 6. <input type="checkbox"/> Dewatering: how many wells? ..... 7. <input type="checkbox"/> Aquifer Recharge: well ID ..... 8. <input type="checkbox"/> Monitoring: well ID ..... 9. Environmental Remediation: well ID ..... <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection 10. <input type="checkbox"/> Oil Field Water Supply: lease ..... 11. Test Hole: well ID ..... <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical 12. Geothermal: how many bores? ..... a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water 13. <input type="checkbox"/> Other (specify): .....		
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**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 ..... **34** ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
 Casing height above land surface ..... **24** ..... in. Weight ..... **160** ..... lbs./ft. Wall thickness or gauge No. **214** .....

**TYPE OF SCREEN OR PERFORATION MATERIAL:**  
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☒ PVC  
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole) ☐ Other (Specify) .....

**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 ..... **34** ..... ft. to ..... **44** ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
**GRAVEL PACK INTERVALS:** From ..... **44** ..... ft. to ..... **15** ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**9 GROUT MATERIAL:** ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other .....  
 Grout Intervals: From ..... **15** ..... ft. to ..... **0** ..... 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) **Pond** .....  
 Direction from well? **East** ..... Distance from well? **17** ..... ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	3	Sandy topsoil			
3	8	Brown clay			
8	22	Med. coarse sand & gravel			
22	44	Med. sand & 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) **2/11/2020** ..... 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) **2/17/2020** ..... under the business name of **Rosencrantz-Bemis Ent.** ..... Signature **C. J. Bemis** .....