

WATER WELL RECORD Form WWC-5

Original Record Correction Change in Well Use

Division of Water Resources App. No.

Well ID

1 LOCATION OF WATER WELL: Fraction $\frac{1}{4}$ SE $\frac{1}{4}$ - SE $\frac{1}{4}$ SW $\frac{1}{4}$ Section Number **13** Township Number T **24** S Range Number R **11** E W
County: **Stafford, Co.**

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: **Austin LP** Address: **P.O. Box 159** City: **Stafford** State: **KS** ZIP: **67578**
From Zenith KS 90 1/2 mile EAST on Hwy 50 550 ft NORTH to well

3 LOCATE WELL WITH "X" IN SECTION BOX:
N
W E
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: **41** ft.
 below land surface, measured on (mo-day-yr)
 above land surface, measured on (mo-day-yr) **5-17-18**
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 5/8** in. to **80** 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: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input checked="" type="checkbox"/> Livestock	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:

8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded
Casing diameter **5** in. to **60** ft., Diameter in. to ft., Diameter in. to ft.
Casing height above land surface **24** 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 **60** ft. to **80** ft., From ft. to ft., From ft. to ft.
GRAVEL PACK INTERVALS: From **80** ft. to **20** ft., From ft. to ft., From ft. to ft.

9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other
Grout intervals: From **20** 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)
Direction from well? Distance from well? ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	5	Sandy top soil	75	80	Blue clay
5	20	Tan clay			
20	30	Fine sand w/ clay			
30	35	Fine Tan sand			
35	55	Tan clay w/ sand streaks			
55	60	Red coarse sand			
60	65	Sand & gravel			
65	70	Blue clay w/ sand streaks			
70	75	Tan/Blue clay			

11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-yr) **5-17-18** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **672** This Water Well Record was completed on (mo-day-yr) **5-22-18** under the business name of **Crowdis Water Well Serv.** Signature: *[Signature]*

Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Senior Services, 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.