

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:

County: Kearny

Fraction

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

Section Number

29

Township Number

T 24 S

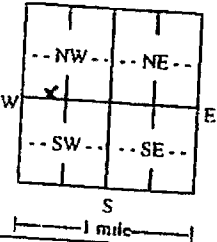
Range Number

R 35 E Q 4 W

2 WELL OWNER: Last Name Nightengale
Business Address 2439 Rd. 115
City: Lakin
State: Ks ZIP 67860

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:



4 DEPTH OF COMPLETED WELL: 345 ft.

Depth(s) Groundwater Encountered: 1) _____ ft.
2) _____ ft. 3) _____ ft. or 4) Dry Well
WELL'S STATIC WATER LEVEL: 29 ft.
 below land surface, measured on (mo-day-yr) 5/19/16
 above land surface, measured on (mo-day-yr) _____
Pump test data: Well water was _____ gpm after _____ hours pumping
Well water was _____ gpm after _____ hours pumping
Estimated Yield: _____ gpm
Bore Hole Diameter: 7 7/8 in. to 3 1/2 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 _____
- 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 3 1/2 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.
Casing height above land surface 12 in. Weight _____ lbs./ft. Wall thickness or gauge No. SDR 31
CASING JOINTS: Glued Clamped Welded Threaded

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 30.5 ft. to 34.5 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From 24 ft. to 27.0 ft., From 280 ft. to 345 ft., From _____ ft. to _____ ft.

9 GROUT MATERIAL:

Neat cement Cement grout Bentonite Other _____
Grout Intervals: From 4 ft. to 24 ft., From 270 ft. to 280 ft., From _____ ft. to _____ ft.

Nearest source of possible contamination:

Septic Tank Lateral Lines Pit Privy Livestock Pens
 Sewer Lines Cess Pool Sewage Lagoon Fuel Storage
 Watertight Sewer Lines Seepage Pit Feedyard Fertilizer Storage
 Other (Specify) Irrigation well Insecticide Storage
 Oil Well/Gas Well

Direction from well? NW Distance from well? 350'

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	6	Dark clay			
6	10	Course sand	223	254	Course Sand
10	14	Tan Sandy clay	254	255	tan clay
14	130	Course sand	255	270	Course Sand
130	150	Tan clay	270	285	Clay
150	153	Med. Sand	285	290	Tan Sandy clay + Med. Sand Str.
153	160	Tan clay	290	342	Med Sand
160	220	Course Sand			
220	223	Tan 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-year) 5/19/16 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 533 This Water Well Record was completed on (mo-day-year) 10/25/16 under the business name of Jay-Ron Water Well Signature _____

Mail 1 white copy along with a fee of \$5.00 for each constructed well to Kansas Department of Health and Environment, Division 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