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: Stafford

Fraction	Section Number	Township Number	Range Number
¼ NW ¼ NE ¼ NW ¼	2	T 25 S	R 13 □E ■W

2 WELL OWNER:
Last Name: Astle   First: Bill
Business:
Address: 73 SW 30th Street
Address:
City: St. John   State: KS   ZIP: 67576

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: □

5 1/2 South, 1 1/4 East of St. John

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

	ǀx̲	
--NW--	--NE--	
W		E
--SW--	--SE--	
	S	

|---------1 mile--------|

4 DEPTH OF COMPLETED WELL: .....101..... ft.
Depth(s) Groundwater Encountered: 1) .... ft.
2) .... ft.   3) .... ft., or 4)□ Dry Well
WELL'S STATIC WATER LEVEL: ....30...... ft.
■ below land surface, measured on (mo-day-yr)..11-16-18.
□ 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: ....gpm
Bore Hole Diameter: .....10.... in. to .....101.... ft. and
.... in. to .... ft.

5 Latitude: ....37.91079............(decimal degrees)
Longitude: ....98.72287..........(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 JOINTS: ■ Glued □ Clamped □ Welded □ Threaded
Casing diameter ......5....... in. to ......101.... ft., Diameter .... in. to .... ft., Diameter .... in. to .... ft.
Casing height above land surface ....18........ 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 ...101... ft. to ...81.... ft., From ...61.... ft. to ...41.... ft., From .... ft. to .... ft.
GRAVEL PACK INTERVALS: From ...101.. ft. to ...20.... 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 ....20....... ft. to ....0....... 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) ...House................
Direction from well? ...Northeast................   Distance from well? .....100ft................ ft.

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FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	3	Sandy top soil			
3	42	Tan sandy clay			
42	65	Gravel- med coarse			
65	95	Tan clay			
95	101	Small 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) ....11-16-18.... 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) ...11-28-18.........
under the business name of ...Rosencrantz- Bemis Ent Inc................   Signature ...~~~~~~~~~~

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**