WATER WELL RECORD Form WWC-5

Division of Water Resources App. No.

1 LOCATION OF WATER WELL: County: Ford | Fraction: ¼ NW ¼ SE ¼ SE ¼ | Section Number: 15 | Township No.: T 25 S | Range Number: R 24 ☐E ☒W

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐.
From Dodge City, Jct. Hwy. 50 Bypass & 112 Rd. 3 miles north 3½ miles east on Garnett Rd. then 3 miles north.

2 WATER WELL OWNER: RR#, Street Address, Box #: Marcus W. Oliphant 2005 Circle Lake Rd
City, State, ZIP Code: Dodge City, KS. 67801

Global Positioning System (GPS) information:
Latitude: ..... (in decimal degrees)
Longitude: ..... (in decimal degrees)
Elevation: .....
Datum: ☐ WGS 84, ☐ NAD 83, ☐ NAD 27
Collection Method:
☐ GPS unit (Make/Model: .....)
☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey
Est. Accuracy: ☐ <3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ >15 m

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

N / W / E / S; NW, NE, SW, SE; |----------1 mile---------|

4 DEPTH OF COMPLETED WELL 250' ft.
Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.
WELL'S STATIC WATER LEVEL 102 ft. below land surface measured on mo/day/yr 5/14/13
Pump test data: Well water was.....ft. after..... hours pumping..... gpm
EST. YIELD.....gpm Well water was.....ft. after..... hours pumping..... gpm
Bore Hole Diameter 9 7/8 in. to 250 ft., and .....in. to .....ft.
WELL WATER TO BE USED AS: ☐ Public water supply ☐ Geothermal ☐ Injection well
☒ Domestic ☐ Feedlot ☐ Oil field water supply ☐ Dewatering ☐ Other (Specify below)
☐ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☐ Monitoring well .....
Was a chemical/bacteriological sample submitted to Department? ☐ Yes ☒ No
If yes, mo/day/yr sample was submitted.....
Water well disinfected? ☒ Yes ☐ No

5 TYPE OF CASING USED: ☐ Steel ☒ PVC ☐ Other .....
CASING JOINTS: ☐ Glued ☐ Clamped ☐ Welded ☐ Threaded
Casing diameter 5 in. to 250 ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.
Casing height above land surface 22 in., Weight .....lbs./ft., Wall thickness or gauge No. SDR 17
TYPE OF SCREEN OR PERFORATION MATERIAL:
☐ Steel ☐ Stainless Steel ☒ PVC ☐ Other (Specify) .....
☐ Brass ☐ Galvanized Steel ☐ None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:
☐ Continuous slot ☒ Mill slot ☐ Gauze wrapped ☐ Torch cut ☐ Drilled holes ☐ None (open hole)
☐ Louvered shutter ☐ Key punched ☐ Wire wrapped ☐ Saw cut ☐ Other (specify) .....
SCREEN-PERFORATED INTERVALS: From 230 ft. to 250 ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.
GRAVEL PACK INTERVALS: From 20 ft. to 100 ft., From 110 ft. to 250 ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other .....
Grout Intervals: From 0 ft. to 20 ft., From 100 ft. to 110 ft., From ..... ft. to .....ft.
What is the nearest source of possible contamination:
☐ Septic tank ☐ Lateral lines ☐ Pit privy ☐ Livestock pens ☐ Insecticide storage ☐ Other (specify below)
☐ Sewer lines ☐ Cesspool ☐ Sewage lagoon ☐ Fuel storage ☐ Abandoned water well In Pasture
☐ Watertight sewer lines ☐ Seepage pit ☐ Feedyard ☐ Fertilizer storage ☐ Oil well/gas well
Direction from well ..... Distance from well .....

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	15	Tan clay	194	195	Shale
15	48	Med. Sand	195	201	Sandstone (hard)
48	100	Shale & rock ledges	201	208	Sandstone
100	115	Sandstone	208	210	Shale
115	120	Shale	210	225	Sandstone
120	124	Sandstone	225	230	Shale
124	165	Shale	230	236	Sandstone
165	174	Sandstone	236	240	Shale
174	188	Shale	240	250	Sandstone
188	194	Sandstone			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☒ constructed, ☐ reconstructed, or ☐ plugged under my jurisdiction and was completed on (mo/day/year) 5/14/13 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) 6/26/13 under the business name of Jantzen Water Well by (signature) .....

INSTRUCTIONS: Use typewriter or ball point pen. *PLEASE PRESS FIRMLY* and *PRINT* clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of $5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html.

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