

## WATER WELL RECORD

## Form WWC-5

Division of Water Resources App. No.

MW-5

| <b>1 LOCATION OF WATER WELL:</b><br>County: Sedgwick                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    | Fraction<br>SW ¼ SW ¼ SW ¼ ¼ |      | Section Number<br>16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                          | Township No.<br>T 25 S |    | Range Number<br>R 3 <input type="checkbox"/> E <input checked="" type="checkbox"/> W |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    |                |      |    |                                          |  |  |  |   |    |          |  |  |  |    |     |                              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/><br>110 E. Main St. Mt. Hope, KS 67108 - 5'N & 4'E Of SE Cor Of Porter Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    |                              |      | <b>Global Positioning System (GPS) information:</b><br>Latitude: 37.8695291 (in decimal degrees)<br>Longitude: 97.6638485 (in decimal degrees)<br>Elevation: .....<br>Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27<br>Collection Method:<br><input type="checkbox"/> GPS unit (Make/Model: .....)<br><input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey<br>Est. Accuracy: <input type="checkbox"/> <3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m |                                          |                        |    |                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    |                |      |    |                                          |  |  |  |   |    |          |  |  |  |    |     |                              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>2 WATER WELL OWNER:</b> Jack Hefling<br>RR#, Street Address, Box #: 10255 N. 295th West<br>City, State, ZIP Code : Mt. Hope, KS 67108                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                              |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          |                        |    |                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    |                |      |    |                                          |  |  |  |   |    |          |  |  |  |    |     |                              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>3 LOCATE WELL WITH AN "X" IN SECTION BOX:</b><br>N<br><table border="1" style="width:100%; text-align: center; border-collapse: collapse;"> <tr><td colspan="2">NW</td><td colspan="2">NE</td></tr> <tr><td>SW</td><td>SE</td><td colspan="2"></td></tr> </table><br>S<br>[-----1 mile-----]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    | NW                           |      | NE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                          | SW                     | SE |                                                                                      |  | <b>4 DEPTH OF COMPLETED WELL 35.0'</b><br>Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.<br>WELL'S STATIC WATER LEVEL 24.95' ft. below land surface measured on mo/day/yr. 5/24/11.....<br>Pump test data: Well water was.....ft. after..... hours pumping..... gpm<br>EST. YIELD.....gpm. Well water was.....ft. after..... hours pumping..... gpm<br>Bore Hole Diameter 8.....in. to 35.0.....ft., and .....in. to .....ft.<br>WELL WATER TO BE USED AS: <input type="checkbox"/> Public water supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Injection well<br><input type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below)<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Domestic-lawn & garden <input checked="" type="checkbox"/> Monitoring well .....<br>Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, mo/day/yr sample was submitted.....<br>Water well disinfected? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |    |                |      |    |                                          |  |  |  |   |    |          |  |  |  |    |     |                              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    | NE                           |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          |                        |    |                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    |                |      |    |                                          |  |  |  |   |    |          |  |  |  |    |     |                              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | SE |                              |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          |                        |    |                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    |                |      |    |                                          |  |  |  |   |    |          |  |  |  |    |     |                              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>5 TYPE OF CASING USED:</b> <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other .....<br><b>CASING JOINTS:</b> <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Threaded<br>Casing diameter 2..... in. to 20'..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.<br>Casing height above land surface Flush in., Weight ..... lbs./ft., Wall thickness or gauge No. Sch. 40<br><b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b><br><input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) .....<br><input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> None used (open hole)<br><b>SCREEN OR PERFORATION OPENINGS ARE:</b><br><input type="checkbox"/> Continuous slot <input checked="" type="checkbox"/> Mill slot <input type="checkbox"/> Gauze wrapped <input type="checkbox"/> Torch cut <input type="checkbox"/> Drilled holes <input type="checkbox"/> None (open hole)<br><input type="checkbox"/> Louvered shutter <input type="checkbox"/> Key punched <input type="checkbox"/> Wire wrapped <input type="checkbox"/> Saw cut <input type="checkbox"/> Other (specify) .....<br><b>SCREEN-PERFORATED INTERVALS:</b> From 20..... ft. to 35..... ft., From ..... ft. to ..... ft.<br>From ..... ft. to ..... ft., From ..... ft. to ..... ft.<br><b>GRAVEL PACK INTERVALS:</b> From 18..... ft. to 35..... ft., From ..... ft. to ..... ft.<br>From ..... ft. to ..... ft., From ..... ft. to ..... ft. |    |                              |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          |                        |    |                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    |                |      |    |                                          |  |  |  |   |    |          |  |  |  |    |     |                              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>6 GROUT MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Other Concrete<br>Grout Intervals: From 0..... ft. to 1'..... ft., From 1'..... ft. to 35'..... ft., From ..... ft. to ..... ft.<br>What is the nearest source of possible contamination:<br><input type="checkbox"/> Septic tank <input type="checkbox"/> Lateral lines <input type="checkbox"/> Pit privy <input type="checkbox"/> Livestock pens <input type="checkbox"/> Insecticide storage <input checked="" type="checkbox"/> Other (specify below)<br><input type="checkbox"/> Sewer lines <input type="checkbox"/> Cesspool <input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Fuel storage <input type="checkbox"/> Abandoned water well<br><input type="checkbox"/> Watertight sewer lines <input type="checkbox"/> Seepage pit <input type="checkbox"/> Feedyard <input type="checkbox"/> Fertilizer storage <input type="checkbox"/> Oil well/gas well <b>Former UST</b><br>Direction from well ..... Distance from well .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    |                              |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          |                        |    |                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    |                |      |    |                                          |  |  |  |   |    |          |  |  |  |    |     |                              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:40%;">LITHOLOGIC LOG</th> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:20%;">LITHO. LOG (cont.) or PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td>0</td> <td>1'</td> <td>Concrete</td> </tr> <tr> <td></td> <td></td> <td></td> <td>1'</td> <td>35'</td> <td>3/8 Bentonite Chips-Hydrated</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |                              |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          |                        |    |                                                                                      |  | FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TO | LITHOLOGIC LOG | FROM | TO | LITHO. LOG (cont.) or PLUGGING INTERVALS |  |  |  | 0 | 1' | Concrete |  |  |  | 1' | 35' | 3/8 Bentonite Chips-Hydrated |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | TO | LITHOLOGIC LOG               | FROM | TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | LITHO. LOG (cont.) or PLUGGING INTERVALS |                        |    |                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    |                |      |    |                                          |  |  |  |   |    |          |  |  |  |    |     |                              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <input type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input checked="" type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/year) 5/24/2011..... and this record is true to the best of my knowledge and belief.<br>Kansas Water Well Contractor's License No. 606..... This Water Well Record was completed on (mo/day/year) 5-26-2011.....<br>under the business name of PSA Environmental 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 785-296-5522. 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>.

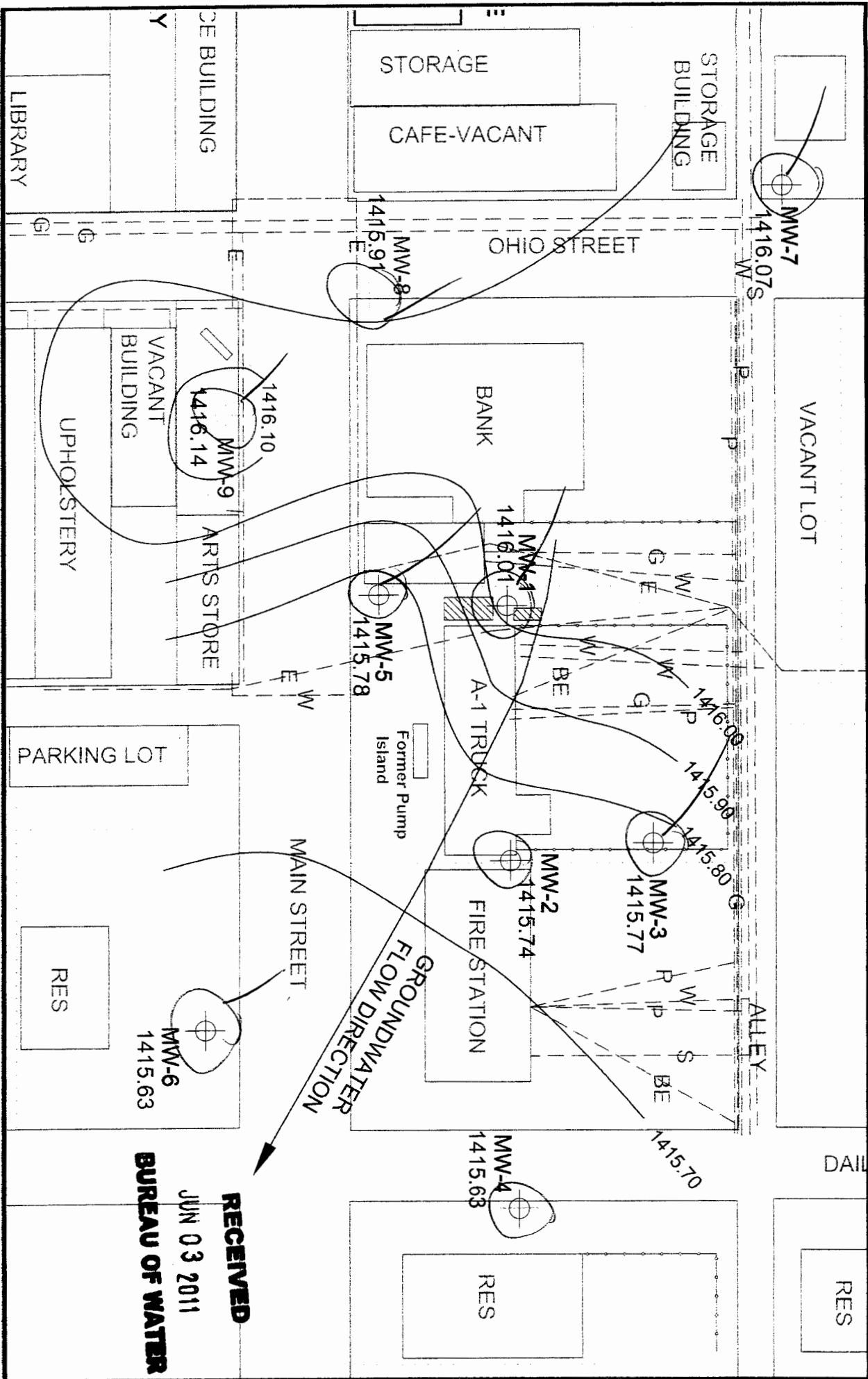


FIGURE 3 Groundwater Flow Map  
KDHE Project Code: U2-087-00494

Drawn By: Barrett Stanke  
Date: 11/18/10

Johnsmeyer's  
110 E. Main Street  
Mt. Hope, Kansas



**RECEIVED**  
JUN 03 2011  
**BUREAU OF WATER**