

**WATER WELL RECORD Form WWC-5**

Division of Water Resources App. No.

Well ID

Original Record  Correction  Change in Well Use

<b>1 LOCATION OF WATER WELL:</b> County: <b>Reno</b>	Fraction SE ¼ SE ¼ SE ¼ NW ¼	Section Number <b>5</b>	Township Number T <b>25 S</b>	Range Number R <b>4</b> <input type="checkbox"/> E <input checked="" type="checkbox"/> W
---	---------------------------------	----------------------------	----------------------------------	---

<b>2 WELL OWNER:</b> Last Name: <b>Smith</b> First: <b>Frank</b> Business Address: <b>317 North Reno</b> Address: City: <b>Haven</b> State: <b>Ks.</b> ZIP: <b>67543</b>	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: <input checked="" type="checkbox"/>
---	--

<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> 	<b>4 DEPTH OF COMPLETED WELL:</b> ..... <b>56</b> ..... ft. Depth(s) Groundwater Encountered: 1) ..... ft. 2) ..... ft. 3) ..... ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: ..... <b>11</b> ..... ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) <b>4/28/2020</b> <input type="checkbox"/> 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: ..... <b>9</b> ..... in. to ..... <b>57</b> ..... ft. and ..... in. to ..... ft.	<b>5 Latitude:</b> ..... <b>37.90569</b> ..... (decimal degrees) <b>Longitude:</b> ..... <b>097.78439</b> ..... (decimal degrees) Horizontal Datum: <input type="checkbox"/> WGS 84 <input checked="" type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 Source for Latitude/Longitude: <input checked="" type="checkbox"/> GPS (unit make/model: <b>Garman 62S</b> .....) (WAAS enabled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No) <input type="checkbox"/> Land Survey <input checked="" type="checkbox"/> Topographic Map <input type="checkbox"/> Online Mapper: .....
		<b>6 Elevation:</b> <b>1460</b> ..... ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC Source: <input type="checkbox"/> Land Survey <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other .....

**7 WELL WATER TO BE USED AS:**

1. Domestic: <input type="checkbox"/> Household <input checked="" type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock <input type="checkbox"/> Irrigation <input type="checkbox"/> Feedlot <input type="checkbox"/> Industrial	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): .....
---	--	---

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 ..... **41** ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.

Casing height above land surface ..... **20** ..... in. Weight ..... **160** ..... lbs./ft. Wall thickness or gauge No. **.214** .....

**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 **.41** ..... ft. to **56** ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**GRAVEL PACK INTERVALS:** From **56** ..... 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:**

<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 type="checkbox"/> Sewer Lines	<input type="checkbox"/> Cess Pool	<input type="checkbox"/> Sewage Lagoon	<input type="checkbox"/> Fuel Storage	<input type="checkbox"/> Abandoned Water Well
<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

Other (Specify) **Water supply line** .....

Direction from well? **South** ..... Distance from well? **12** ..... ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	3	Top soil			
3	27	Light brown clay			
27	56	Small sand			
56	57	Tan clay			
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) **4/28/2020** ..... 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) **5/3/2020** ..... under the business name of **Rosencrantz-Bemis Ent.** Signature *[Signature]*