

WATER WELL RECORD (WWC-5) Constructed

WELL ID _____

Original Record Correction Change in Well Use

LOCATION OF WATER WELL

Latitude	37.825326	Longitude	-98.209637	Section	33	Township	25 S	Range	8	<input type="checkbox"/> E <input checked="" type="checkbox"/> W	Fraction	SW ¼ SE ¼ SW ¼
Datum	WGS 84	Elevation		County	Reno							

WATER WELL OWNER

Name	Joy Cornwell
Business	
Address	19014 W Parallel Road Arlington KS 67514
Well location	Hwy 11 and Parallel Rd: Go West .75 miles then north into 94 miles
<input type="checkbox"/> at owner's address	

WELL WATER USE

Domestic-Household

COMPLETION

Depth of completed well: _____ 60 ft.

Depth(s) groundwater encountered:

(1) _____ ft.; (2) _____ ft.;
(3) _____ ft.; (4) dry well

Static water level in well: _____ 16 ft.

measured below land surface on (mm/dd/yy): _____
 measured above land surface on (mm/dd/yy): _____

Estimated yield: _____ .5 gpm

Water level was: _____ ft. after _____ hours pumping _____ gpm

Pump installed? Yes No

Water well disinfected? Yes No

Date disinfected (mm/dd/yy): _____

Aquifer, if known: _____

NEAREST SOURCE OF POTENTIAL CONTAMINATION

Source: Other (please specify) _____

Distance from well: _____ 80 ft. Direction from well: _____ N

Source description: _____ Dry Creek Bed

Source: _____

Distance from well: _____ ft. Direction from well: _____

Source description: _____

No potential source of contamination within 100 feet.

CONSTRUCTION

Borehole interval: from _____ 0 to _____ 160 ft. Borehole diameter: _____ 10 5/8 in.

Casing height above land surface: _____ 24 in.

If casing height is less than 12 in. has a variance been approved?* Yes No

*variance not required for monitoring or environmental remediation wells

Casing type: Thermal Plastics (ex. PVC)

Blank casing interval: _____ 0 ft. to _____ 10 ft.

Blank casing diameter: _____ 5 in.

Casing joints: _____ Glued

Weight: _____ lbs/ft.

Wall thickness or gauge no.: _____

Blank casing interval: _____ 30 ft. to _____ 50 ft.

Blank casing diameter: _____ 5 in.

Casing joints: _____ Glued

Weight: _____ lbs/ft.

Wall thickness or gauge no.: _____

Grout interval: _____ 0 ft. to _____ 10 ft.

Grout material: _____ Bentonite

Grout interval: _____ ft. to _____ ft.

Grout material: _____

Screen/perforation material: _____ PVC

Screen/perforation openings: _____

Screen/perforation intervals:

From _____ 60 ft. to _____ 50 ft. Slot size _____ unit _____

From _____ 30 ft. to _____ 10 ft. Slot size _____ unit _____

Gravel pack intervals:

Gravel pack not used: Gravel size _____ in

From _____ 60 ft. to _____ 10 ft.

Gravel pack not used: Gravel size _____ in

From _____ ft. to _____ ft.

PERMIT & ID NUMBERS (AS REQUIRED)

DWR Application No.: _____

KDHE / EPA Project Code: _____

Site Name: _____

KDHE UTC Class V Form Completed: Yes No

County Permit: Yes No Permit ID: _____ 2022-118

Lease Name & Well #: _____

of boreholes: _____ # of dewatering wells: _____

To	From	Soil Constituent or Rock Type	LITHOLOGIC LOG	Other Details
0	3	Topsoll	Tan Sandy Top Soil	
3	6	Clay	Brown Sandy Clay	
6	18	Sand	Tan Sand	
18	60	Shale	Red Shale	

COMMENTS

(Attach lithologic log if more rows are needed)

CONTRACTOR'S OR LANDOWNERS CERTIFICATION

This water well was constructed reconstructed pursuant to the stated water well contractor's license and was completed on _____ 1/3/2023 . I certify that this record is true to the best of my knowledge and belief. This water well record was completed on _____ 1/4/2023 under the business name of _____ Crowdis Water Well Service

Kansas Water Well Contractor's License No. _____ 672 under the authority of the designated person as defined in K.A.R. 28-30-2(j) and signed and certified by the electronic signature of the designated person at its submittal: _____

Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.