WATER WELL RECORD   Form WWC-5

|||||| 1131937

☐ Original Record ☐ Correction ☐ Change in Well Use

Division of Water Resources App. No. _____

Well ID _____

1 LOCATION OF WATER WELL:
County: _____

Fraction				Section Number	Township Number	Range Number
¼	¼	¼	¼		T S	R ☐ E ☐ W

2 WELL OWNER: Last Name: _____ First: _____
Business: _____
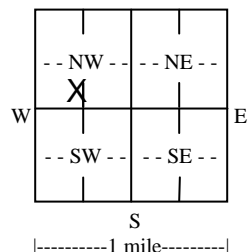Address: _____
Address: _____
City: _____ State: _____ ZIP: _____

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: ☐

3 LOCATE WELL WITH "X" IN SECTION BOX:

N

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

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

4 DEPTH OF COMPLETED WELL: ……….…. ft.
Depth(s) Groundwater Encountered: 1) ……..…..…. ft.
  2) ………... ft.   3) ………... ft., or 4) ☐ Dry Well
WELL'S STATIC WATER LEVEL: ………..…..…. ft.
  ☐ below land surface, measured on (mo-day-yr)…..…..……
  ☐ 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: …..……. in. to ...………… ft. and
  ………… in. to ………….. ft.

5 Latitude: ……………………….……..(decimal degrees)
  Longitude: ………………….……..…(decimal degrees)
  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 …………….... in. to …..……….. ft., Diameter ………….. in. to …..……….. ft., Diameter ………..….. in. to …..………. ft.
Casing height above land surface …………..……… in.   Weight ………..……… 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 ……..… ft. to ……..… ft., From ……..… ft. to ……..… ft., From ……..… ft. to ……..… ft.
          GRAVEL PACK INTERVALS: From ……..… ft. to ……..… 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 ………..… ft. to ………..… 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) ……………………………………………………...
Direction from well? ……………………………….   Distance from well? ...………………………………………… ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
			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) ………………... and this record is true to the best of my knowledge and belief.
Kansas Water Well Contractor's License No. ……..…… This Water Well Record was completed on (mo-day-year) ……..…..………
under the business name of ……
……...

Send one copy to WATER WELL OWNER and retain one for your records. Fee of $5.00 for each constructed well.
KS Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-3565.
Visit us at http://www.kdheks.gov/waterwell/index.html

KSA 82a-1212

Form	WWC5
Contractor	Hydro Resources Mid Continent, Inc.
Well Owner	
Doc ID	1131937

Litholgy

From	To	LithologicLog
0	2	TOP SOIL
2	6	BROWN SANDY CLAY
6	56	FINE SAND W/ COUPLE CLAY LEDGES
56	107	SAND FINET O MED COARSE SMALL MED LARGE GRAVEL
107	117	BROWN SANDY CLAY W/ FEW SAND STRIPS
117	125	SAND FINE TO MED COARSE
125	144	BROWN SANDY CLAY W/SOME SAND STRIPS
144	186	SAND FINE TO MED COARSE
186	191	BROWN SANDY CLAY
191	200	SAND FINE TO MED COARSE
200	210	FINE SAND W/ FEW CLAY STRINGERS
210	220	FINE SAND
220	240	SAND FINE TO MED COARSE
240	262	BROWN SANDY CLAY
262	280	FINE SAND W/ COUPLE CLAY STRINGERS
280	320	SAND FINE TO MED FEW COARSE

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Litholgy

From	To	LithologicLog
320	350	FINE SAND W/ FEW CLAY STRINGERS
350	360	SHALE