

# WATER WELL RECORD Form WWC-5

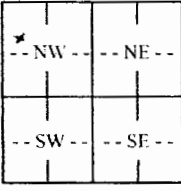
☐ Original Record ☐ Correction ☐ Change in Well Use

Division of Water  
Resources App. No.

Well ID

<b>1 LOCATION OF WATER WELL:</b> County: <u>Seelye</u>		Fraction <u>NE 1/4 SW 1/4 NW 1/4</u>	Section Number <u>20</u>	Township Number <u>T 27 S</u>	Range Number <u>R 01 E W</u>
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<b>2 WELL OWNER:</b> Last Name: <u>Winters</u> Business: <u>10227 W Binter</u> Address: <u>My Chita</u> City: <u>My Chita</u> State: <u>KS</u> ZIP: <u>67212</u>		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"/>
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<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> 	<b>4 DEPTH OF COMPLETED WELL:</b> ..... ft. Depth(s) Groundwater Encountered: 1) ..... ft. 2) ..... ft. 3) ..... ft. or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: ..... ft. <input type="checkbox"/> below land surface, measured on (mo-day-yr)..... <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: ..... in. to ..... ft. and ..... in. to ..... ft.	<b>5 Latitude:</b> ..... (decimal degrees) <b>Longitude:</b> ..... (decimal degrees) Horizontal Datum: <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 Source for Latitude/Longitude: <input type="checkbox"/> GPS (unit make/model: .....) (WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Online Mapper: ..... <b>6 Elevation:</b> ..... ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC Source: <input type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other .....
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<b>7 WELL WATER TO BE USED AS:</b> 1. Domestic: <input type="checkbox"/> Household <input checked="" type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock 2. <input type="checkbox"/> Irrigation 3. <input type="checkbox"/> Feedlot 4. <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): .....		
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Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☒ No If yes, date sample was submitted: .....

Water well disinfected? ☒ Yes ☐ No

<b>8 TYPE OF CASING USED:</b> <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other ..... CASING JOINTS: <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> 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: <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> PVC <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Concrete tile <input type="checkbox"/> None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: <input type="checkbox"/> Continuous Slot <input type="checkbox"/> Mill Slot <input type="checkbox"/> Gauze Wrapped <input type="checkbox"/> Torch Cut <input type="checkbox"/> Drilled Holes <input type="checkbox"/> Other (Specify) ..... <input type="checkbox"/> Louvered Shutter <input type="checkbox"/> Key Punched <input type="checkbox"/> Wire Wrapped <input type="checkbox"/> Saw Cut <input type="checkbox"/> 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.
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<b>9 GROUT MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input type="checkbox"/> Bentonite <input type="checkbox"/> Other ..... Grout Intervals: From ..... ft. to ..... 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 <input type="checkbox"/> Other (Specify) ..... Direction from well? ..... Distance from well? ..... ft.
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10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
9	14	PVC casing			

**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) 08/09/19 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 948 This Water Well Record was completed on (mo-day-year) 08/09/2019 under the business name of Jessica Hauer Signature: \_\_\_\_\_

Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524. Visit us at <http://www.kdheks.gov/waterwell/index.html> KSA 82a-1212 Revised 7/10/2015