

WATER WELL RECORD Form WWC-5

Division of Water Resources App. No.

Well ID

Original Record Correction Change in Well Use

1 LOCATION OF WATER WELL: Fraction NE NE NW Section Number 10 Township Number T 27 S Range Number R 16 E W
 County: Kiowa $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$

2 WELL OWNER: Last Name: Corbit First: Clay 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:
 Business: _____
 Address: 27303 B ST. From Haviland 30 North 7 miles on
 Address: _____ 51st Ave then east on B St. 2 1/2 mile well
 City: Haviland State: KS ZIP: 67059 South Side

3 LOCATE WELL WITH "X" IN SECTION BOX:
 N

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

 S
 1 mile

4 DEPTH OF COMPLETED WELL: 125 ft.
 Depth(s) Groundwater Encountered: 1) _____ ft.
 2) _____ ft. 3) _____ ft., or 4) Dry Well
 WELL'S STATIC WATER LEVEL: 4.4 ft.
 below land surface, measured on (mo-day-yr) 9-18-18
 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: 10 5/8 in. to 125 ft. and _____ in. to _____ ft.

5 Latitude: _____ (decimal degrees)
Longitude: _____ (decimal degrees)
 Horizontal 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 5 in. to 10 5/8 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.
 Casing height above land surface 18 in. Weight SDR 26 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 10.5 ft. to 125 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From 125 ft. to 22 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other _____
 Grout Intervals: From 22 ft. to 0 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? North East Distance from well? 175 ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	5	Brn Loose Sandy Top Soil			
5	35	White Clay			
35	50	Fine & Med Sand			
50	65	Large Rocks			
65	75	Fine Sand			
75	90	Brn Sandy Clay			
90	100	Large gravel			
100	105	Sand Brn Clay			
105	125	Med Sand Tan			

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) 9-18-18 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 672 This Water Well Record was completed on (mo-day-year) 9-28-18 under the business name of Crowdis Water Well Svc. Signature [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