

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources App. No.

14757

<b>1 LOCATION OF WATER WELL:</b> County: Kiowa	Fraction ¼ SE ¼ NW ¼ SE ¼	Section Number 16	Township No. T 27 S	Range Number R 19 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> 5 1/4 North, 5 1/2 West of Greensburg		<b>Global Positioning System (GPS) information:</b> Latitude: ..... (in decimal degrees) Longitude: ..... (in decimal degrees) Elevation: ..... Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27 Collection Method: <input type="checkbox"/> GPS unit (Make/Model: .....) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m		
<b>2 WATER WELL OWNER:</b> John Janssen RR#, Street Address, Box #: P.O. Box 207 City, State, ZIP Code : Kinslev, KS 67547				

<p><b>3 LOCATE WELL WITH AN "X" IN SECTION BOX:</b> N</p> <table style="width:100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 5px;"> </td> <td style="border: 1px solid black; padding: 5px;"> </td> <td style="border: 1px solid black; padding: 5px;"> </td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;">--NW--</td> <td style="border: 1px solid black; padding: 5px;">--NE--</td> <td style="border: 1px solid black; padding: 5px;"> </td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;"> </td> <td style="border: 1px solid black; padding: 5px;"> </td> <td style="border: 1px solid black; padding: 5px;"> </td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;">--SW--</td> <td style="border: 1px solid black; padding: 5px;">--SE--</td> <td style="border: 1px solid black; padding: 5px;"> </td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;"> </td> <td style="border: 1px solid black; padding: 5px;"> </td> <td style="border: 1px solid black; padding: 5px;"> </td> </tr> </table> <p style="text-align: center;">S -----1 mile-----</p>				--NW--	--NE--					--SW--	--SE--					<p><b>4 DEPTH OF COMPLETED WELL</b> 185 ..... ft.</p> <p>Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.</p> <p>WELL'S STATIC WATER LEVEL 74 ..... ft. below land surface measured on mo/day/yr. 2-16-13.....</p> <p>Pump test data: Well water was 114 ..... ft. after 3 ..... hours pumping 1363 ..... gpm</p> <p>EST. YIELD 1578 gpm. Well water was 119 ..... ft. after 3 1/2 ..... hours pumping 1578 ..... gpm</p> <p>Bore Hole Diameter 30 ..... in. to 185 ..... ft., and ..... in. to ..... ft.</p> <p>WELL WATER TO BE USED AS: <input type="checkbox"/> Public water supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Injection well  <input type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below)  <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Domestic-lawn &amp; garden <input type="checkbox"/> Monitoring well</p> <p>Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No          If yes, mo/day/yr sample was submitted.....</p> <p>Water well disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
--NW--	--NE--															
--SW--	--SE--															

**5 TYPE OF CASING USED:**  Steel  PVC  Other .....

CASING JOINTS:  Glued  Clamped  Welded  Threaded

Casing diameter 16 ..... in. to 185 ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.

Casing height above land surface 18 ..... in., Weight Sch 40 ..... lbs./ft., Wall thickness or gauge No. ....

TYPE OF SCREEN OR PERFORATION MATERIAL:  
 Steel  Stainless Steel  PVC  Other (Specify) .....  
 Brass  Galvanized Steel  None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:  
 Continuous slot  Mill slot  Gauze wrapped  Torch cut  Drilled holes  None (open hole)  
 Louvered shutter  Key punched  Wire wrapped  Saw cut  Other (specify) .....

SCREEN-PERFORATED INTERVALS: From 185 ..... ft. to 113 ..... ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From 185 ..... ft. to 20 ..... ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**6 GROUT MATERIAL:**  Neat cement  Cement grout  Bentonite  Other .....

Grout Intervals: From ..... ft. to ..... ft., From 20 ..... ft. to 0 ..... ft., From ..... ft. to ..... ft.

What is the nearest source of possible contamination:  
 Septic tank  Lateral lines  Pit privy  Livestock pens  Insecticide storage  Other (specify below)  
 Sewer lines  Cesspool  Sewage lagoon  Fuel storage  Abandoned water well  
 Watertight sewer lines  Seepage pit  Feedyard  Fertilizer storage  Oil well/gas well  None

Direction from well ..... Distance from well .....

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	10	Fine sand	159	173	Sand & gravel- fine to small, loose
10	23	Sandy tan & gray clay	173	180	Tan clay & caliche
23	50	Sand & gravel- fine to small	180	185	Sandy tan clay & gravel
50	83	Sand & gravel- small to med, tight			
83	104	Sandy tan & white clay/ caliche			
104	113	Tough tan & white clay/ caliche			
113	121	Sand & gravel- small, tight			
121	125	Tan clay			
125	138	Sand & gravel- small, tight			
138	159	Tan clay & caliche			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was  constructed,  reconstructed, or  plugged under my jurisdiction and was completed on (mo/day/year) 4-18-13 ..... 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) 5-14-13 .....

under the business name of Rosencrantz- Bemis Ent Inc ..... by (signature) [Signature] .....

**INSTRUCTIONS:** Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. I include fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>.