

**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: <b>KIOWA</b>	Fraction <b>¼ SW ¼ SW ¼ SW ¼</b>	Section Number <b>35</b>	Township Number <b>T 27 S</b>	Range Number <b>R 19 <input type="checkbox"/> E <input checked="" type="checkbox"/> W</b>
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<b>2 WELL OWNER:</b> Last Name: _____ First: _____ Business: <b>CIRCLE R</b> Address: <b>C/O ROGER STOTTS</b> Address: <b>22259 HWY 183</b> City: <b>GREENSBURG</b> State: <b>KS</b> ZIP: <b>67054</b>	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 type="checkbox"/> <b>3 MILES WEST OF HWY 183 AND G ST.</b>
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**3 LOCATE WELL WITH "X" IN SECTION BOX:**

N

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

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

**4 DEPTH OF COMPLETED WELL:** ..... **175** ..... ft.

Depth(s) Groundwater Encountered: 1) ..... ft.  
 2) ..... ft. 3) ..... ft., or 4)  Dry Well

WELL'S STATIC WATER LEVEL: ..... **85** ..... 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: ... **50** ... gpm  
 Bore Hole Diameter: ... **9.778** ... in. to ..... 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: <input checked="" type="checkbox"/> Household <input 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 .....	10. <input type="checkbox"/> Oil Field Water Supply: lease .....
6. <input type="checkbox"/> Dewatering: how many wells? .....	7. <input type="checkbox"/> Aquifer Recharge: well ID .....	11. Test Hole: well ID .....
8. <input type="checkbox"/> Monitoring: well ID .....	9. Environmental Remediation: well ID .....	12. Geothermal: how many bores? .....
<input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction	<input type="checkbox"/> Recovery <input type="checkbox"/> Injection	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): .....

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 ..... **175** ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
 Casing height above land surface ..... **12** ..... in. Weight ..... lbs./ft. Wall thickness or gauge No. **SDR 21**.....

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 .. **135** ..... ft. to .. **175** ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
 GRAVEL PACK INTERVALS: From .. **25** ..... ft. to .. **175** ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

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

Grout Intervals: From ..... **5** ..... ft. to .. **25** ..... 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** ..... Distance from well? .. **100** ..... ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	12	SANDY TOP SOIL			
12	22	GRAY CLAY			
22	58	SANDY CLAY			
58	100	MED SAND WITH CLAY STREAKS			
100	166	MED SAND AND GRAVEL WITH CLAY STREAKS			
166	175	YELLOW CLAY			
			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) **6/29/16**..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **805**..... This Water Well Record was completed on (mo-day-year) **7/12/16**..... under the business name of **SOUTHWEST WINDMILL & WATER WELL**. Signature ..... *[Signature]*