

**WATER WELL RECORD Form WWC-5**

Division of Water Resources App. No.  

Well ID  

Original Record  Correction  Change in Well Use

<b>1 LOCATION OF WATER WELL:</b> County: <b>Ford</b>	Fraction <b>¼ NE ¼ SE ¼ SE ¼</b>	Section Number <b>13</b>	Township Number <b>T 27 S</b>	Range Number <b>R 25</b> <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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<b>2 WELL OWNER:</b> Last Name: <b>HERNANDE</b> First: <b>JOSE</b> Business: Address: Address: City: <b>DODGE CITY</b> State: <b>KS</b> ZIP: <b> </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>2 MILES SOUTH OF DODGE CITY</b>
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**3 LOCATE WELL WITH "X" IN SECTION BOX:**  
N

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

1 mile

**4 DEPTH OF COMPLETED WELL:** .....**180**..... ft.  
Depth(s) Groundwater Encountered: 1) ..... ft.  
2) ..... ft. 3) ..... ft., or 4)  Dry Well  
WELL'S STATIC WATER LEVEL: .....**134**..... 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: .....**9.7/8**..... 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	5. <input type="checkbox"/> Public Water Supply: well ID .....	10. <input type="checkbox"/> Oil Field Water Supply: lease .....
2. <input type="checkbox"/> Irrigation	6. <input type="checkbox"/> Dewatering: how many wells? .....	11. Test Hole: well ID .....
3. <input type="checkbox"/> Feedlot	7. <input type="checkbox"/> Aquifer Recharge: well ID .....	<input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical
4. <input type="checkbox"/> Industrial	8. <input type="checkbox"/> Monitoring: well ID .....	12. Geothermal: how many bores? .....
	9. Environmental Remediation: well ID .....	a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical
	<input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction	b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water
	<input type="checkbox"/> Recovery <input type="checkbox"/> Injection	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 .....**180**..... 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) .....

**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 .....**140**..... ft. to .....**180**..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**GRAVEL PACK INTERVALS:** From .....**25**..... ft. to .....**180**..... 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:**

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> Lateral Lines	<input type="checkbox"/> Pit Privy	<input checked="" 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? **SOUTHWEST**..... Distance from well? **2000**..... ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	3	TOP SOIL			
3	30	SANDY CLAY			
30	95	SANDY CLAY & SAND LAYERS			
95	130	SAND WITH CLAY STREAKS			
130	155	MED SAND			
155	170	MED SAND WITH CLAY STREAKS			
170	187	BLACK CLAY WITH SANDSTONE LAYE			
			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) **6/27/16**..... 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]*

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.