WATER WELL RECORD — Form WWC-5

Division of Water Resources App. No. _____

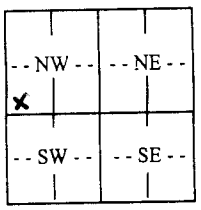
1 LOCATION OF WATER WELL: County: Grant | Fraction: ¼ SW¼ SW¼ NW¼ | Section Number: 3 | Township No.: T 27 S | Range Number: R 35 ☐E ☒W

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☒.

Global Positioning System (GPS) information:
Latitude: ..... (in decimal degrees)
Longitude: ..... (in decimal degrees)
Elevation: .....
Datum: ☐ WGS 84, ☐ NAD 83, ☐ NAD 27
Collection Method:
☐ GPS unit (Make/Model: .....)
☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey
Est. Accuracy: ☐ <3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ >15 m

2 WATER WELL OWNER: John Enss
RR#, Street Address, Box #: 10606 N Rd. V
City, State, ZIP Code: Ulysses, KS. 67880

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



4 DEPTH OF COMPLETED WELL 535 ft.
Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.
WELL'S STATIC WATER LEVEL 326 ft. below land surface measured on mo/day/yr 4/10/14
Pump test data: Well water was.....ft. after..... hours pumping..... gpm
EST. YIELD.....gpm. Well water was.....ft. after..... hours pumping..... gpm
Bore Hole Diameter 9⅞ in. to 535 ft., and .....in. to .....ft.
WELL WATER TO BE USED AS: ☐ Public water supply ☐ Geothermal ☐ Injection well
☒ Domestic ☐ Feedlot ☐ Oil field water supply ☐ Dewatering ☐ Other (Specify below)
☐ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☐ Monitoring well .....
Was a chemical/bacteriological sample submitted to Department? ☐ Yes ☒ No
If yes, mo/day/yr sample was submitted.....
Water well disinfected? ☒ Yes ☐ No

5 TYPE OF CASING USED: ☐ Steel ☒ PVC ☐ Other .....
CASING JOINTS: ☒ Glued ☐ Clamped ☐ Welded ☐ Threaded
Casing diameter 5 in. to 535 ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.
Casing height above land surface 1.2 in., Weight .....lbs./ft., Wall thickness or gauge No. SDR 21
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 435 ft. to 535 ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.
GRAVEL PACK INTERVALS: From 24 ft. to 535 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 5 ft. to 24 ft., From ..... ft. to ..... 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 observed
Direction from well ..... Distance from well .....

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	24	Brown clay	355	400	Brown clay & med. Sand
24	80	Med. Sand	400	408	med. Sand
80	180	Course Sand	408	430	Brown Sandy clay
180	200	Brown Sandy clay & med. Sand	430	450	Med. Sand & brown Sandy clay
200	270	Med. Sand	450	455	Course Sand
270	271	Sandrock	455	535	Med. Sand & brown clay layers.
271	280	med sand			
280	290	Brown clay			
290	300	Brown Sandy clay			
300	355	Med. Sand			

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) 4/10/14 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 533. This Water Well Record was completed on (mo/day/year) 6/9/14 under the business name of Jantzen Water Well by (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. Include fee of $5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html.

KSA 82a-1212