

**WATER WELL RECORD**

**Form WWC-5** 1148481

Division of Water Resources App. No.

Well ID

Original Record  Correction  Change in Well Use

**1 LOCATION OF WATER WELL:**

Fraction

Section Number

Township Number

Range Number

County:

1/4 1/4 1/4 1/4

T S

R E W

**2 WELL OWNER:** Last Name:

First:

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:

Address:

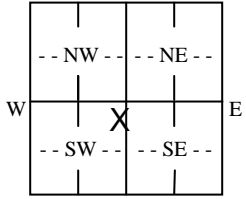
City:

State:

ZIP:

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

N



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

Depth(s) Groundwater Encountered: 1) ..... ft.

2) ..... ft. 3) ..... ft., or 4)  Dry Well

WELL'S STATIC WATER LEVEL: ..... 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: .....gpm

Bore Hole Diameter: ..... in. to ..... ft. and

..... in. to ..... ft.

**5 Latitude:** .....(decimal degrees)

**Longitude:** .....(decimal degrees)

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 ..... in. to ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.

Casing height above land surface ..... in. Weight ..... 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 ..... ft. to ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**GRAVEL PACK INTERVALS:** From ..... ft. to ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

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

Grout Intervals: From ..... ft. to ..... 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? ..... Distance from well? ..... ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS

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

Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.

KS Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-3565.

Visit us at <http://www.kdheks.gov/waterwell/index.html>

KSA 82a-1212

Form	WWC5
Contractor	Hydro Resources Mid Continent, Inc.
Well Owner	
Doc ID	1148481

Litholgy

From	To	LithologicLog
0	60	TOP SIL & BROWN SANDY CLAY
60	120	BROWN CLAY
120	150	BROWN CLAY LITTLE SAND
150	160	SANDY CLAY LITTLE CLICHE
160	180	SAND STREAKS OF CLAY
180	194	SAND LITTLE CLICHE
194	200	CLAY
200	210	CLICHE & CLAY
210	220	FINE SAND LITTLE CLAY
220	240	SAND & SANDY CLAY
240	260	FINE SAND FEW CLAY STREAKS
260	280	WHITE, RED, YELLOW CLAY
280	300	SAND & SANDSTONE
300	310	SAND LITTLE CLAY
310	320	CLAY LITTLE SAND
320	340	SAND & CLAY STREAKS
340	350	SANDSTONE LITTLE SHALE
350	360	GRAY SHALE LITTLE SANDSTONE
360	363	ROCK H H
363	380	GRAY SHALE LITTLE SANDSTONE

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Litholgy

From	To	LithologicLog
380	400	GRAY SHALE HARD STREAKS
400	440	BROWN & BLUE SHALE LITTLE SANDSTONE
440	460	SANDSTONE & SHALE
460	480	BROWN & BLUE SHALE LIGHT SANDSTONE
480	497	WHITE SANDSTONE LIGHT SHALE
497	540	SOAPSTONE HARD
540	580	SOME HARD STREAKS
580	630	SANDSTONE & SOAPSTONE HARD STREAKS
630	640	RED BED