| WATER WELL RECORD Form WWC-5 | | | Division of Water | | | | | | |
|---|---|---------------------|---------------------------|-----------------|--|--|---------------------|--|--|
| | iginal Record Correction Change in Well Use | | Resources App. No. | | | Well ID | | | |
| 1 LOCATION OF WA | TER WELL: | Fracti | on Sw/4 X S 1/4 | Sec | tion Number | Township Numb | _ | | |
| County: | man | | | Street or Pau | 3/ | T Z7 S | | | |
| 2 WELL OWNER: Last Name: Swith First: Randy 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: | | | | | | | | | |
| Address: 1706 N. Country Club La. at The Alfress | | | | | | | | | |
| Address: City: Kingman State: KS ZIP: 67068 | | | | | | | | | |
| 3 LOCATE WELL | | | | | | | | | |
| WITH "X" IN | 4 DEPTH OF COMPLETED WELL: ft. 5 Latitude: | | | | | | | | |
| SECTION BOX: | | | | | Longitu | Longitude: | | | |
| N | 2) ft. 3) ft., or 4) ☐ Dry Well WELL'S STATIC WATER LEVEL: | | | | | Source for Latitude/Longitude: | | | |
| 4 | below land surface, measured on (mo-day-y | | | | | GPS (unit make/model:) | | | |
| NW NE | Pump test data: Well water was ft. | | | | 1 | (WAAS enabled? ☐ Yes ☐ No) | | | |
| W E | | | | | ☐ Land Survey ☐ Topographic Map ☐ Online Mapper: | | | | |
| ' ' - | Well water was ft. | | | | | | | | |
| SW SE | after hours pumping gpm | | | | | | П С | | |
| | Estimated Yield:gpm | | | | | 6 Elevation:ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ☐ GPS ☐ Topographic Map | | | |
| S mile | Bore Hole Diameter: 1038 in. to | | | | | Other | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | |
| 1. Domestic: | | ublic Water Supp | ply: well ID | | 10. ☐ Oil F | ield Water Supply: 1 | ease | | |
| Household | 6. Dewatering: how many wells? | | | | 11. Test Hole: well ID | | | | |
| awn & Garden Livestock | | | | | ☐ Cased ☐ Uncased ☐ Geotechnical | | | | |
| 2. Irrigation | Monitoring: well ID Environmental Remediation: well ID | | | | 12. Geothermal: how many bores? | | | | |
| 3. Feedlot | ☐ Air Sparge ☐ Soil Vapor Extraction | | | | b) Open Loop Surface Discharge Inj. of Water | | | | |
| 4. Industrial Recovery Injection 13. Other (specify): | | | | | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted: | | | | | | | | | |
| Water well disinfected? ► Yes \(\sum \) No | | | | | | | | | |
| 8 TYPE OF CASING USED: Steel MPVC Other | | | | | | | | | |
| Casing diameter | | | | | | | | | |
| Casing height above land surface | | | | | | | | | |
| Steel Stainless Steel Fiberglass Seel □ Fiberglass Seel □ Steel □ Ste | | | | | | | | | |
| ☐ 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 | | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other. | | | | | | | | | |
| Grout Intervals: From | | | | | | | | | |
| 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 | | | | | | | | | |
| Sewer Lines | | | | | | | | | |
| Other (Specify) | _ | • • | _ , | _ | • | | | | |
| Direction from well? | AST | | Distance from w | ell? | <u> </u> | ft | | | |
| 10 FROM TO | LIT | HOLOGIC LO |)G | FROM | TO L | THO, LOG (cont.) or | PLUGGING INTERVALS | | |
| | Ked an | may Top | o Soil | | | | | | |
| 5 (5 | BIN C | An James | | | | | | | |
| 25 45 | | med Sa | <u>.</u> | | | | | | |
| 45 80 | Red 51 | | | | | | | | |
| | | | | | | | | | |
| | | | | Notes: | • | | | | |
| | | | | | | | | | |
| 11 CONTRACTORIS OR LANDOWNER OF CERTIFICATION OF THE CONTRACTORIS | | | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, reconstructed, or plugged under my jurisdiction and was completed on (monday-year) 4-29-17 and this record is true to the best of my knowledge and belief. | | | | | | | | | |
| under my jurisdiction and was completed on (mo-day-year) | | | | | | | | | |
| under the business name | of Cross | Jais WAR | DR well | Ser Si | gnature | 1 | N | | |
| 16 11 | 1.1 6 | | | | | | CIUMO C | | |
| Man I white copy alon | g with a tee of \$5. | 00 for each constru | icted well to: Kar | isas Department | of Health and con | for your records. Teleph | ater, with Section, | | |