

**WATER WELL RECORD**

**Form WWC-5**

1123500

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:

¼ ¼ ¼ ¼

T S

R  E  W

**2 WELL OWNER:**

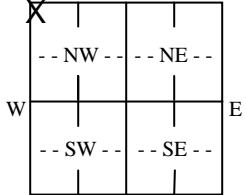
Last Name: First:

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
- Sewer Lines
- Watertight Sewer Lines
- Other (Specify) .....
- Lateral Lines
- Cess Pool
- Seepage Pit
- Pit Privy
- Sewage Lagoon
- Feedyard
- Livestock Pens
- Fuel Storage
- Fertilizer Storage
- Insecticide Storage
- Abandoned Water Well
- Oil Well/Gas Well

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.

Form	WWC5
Contractor	Hydro Resources Mid Continent, Inc.
Well Owner	
Doc ID	1123500

Litholgy

From	To	LithologicLog
0	2	SURFACE
2	60	BROWN CLAY
60	100	BROWN CLAY, CEMENTED SAMD FEW SAND
100	205	SAND FINE TO MED COARSE FEW CLAY
205	241	BROWN CLAY (FIRM)
241	270	SAND FINE TO MED COARSE FEW CLAY
270	397	SAND FINE TO MED COARSE SMALL GRAVEL
397	404	BROWN CLAY
404	455	SAND FINE TO MED COARSE SMALL GRAVEL FEW BROWN & WHITE
455	461	BROWN CLAY (STICKY)
461	472	SAND FINE TO MED
472	486	SOAPSTONE SANDSTONE
486	520	SHALE SOAPSTONE, LIMESTONE
520	558	SOAPSTONE SANDSTONE (TIGHT)
558	576	SOAPSTONE FEWLIMESTONE SOME SANDSTONE
576	580	LIMESTONE (HARD)
580	612	SANDSTONE SOAPSTONE (SLIGHTLY CEMNTED)

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From	To	LithologicLog
612	625	SOAPSTONE SANDSTONE (HARD_
625	633	LIMESTONE (HARD)
633	657	WHITE GREY SOAPSTONE LIMESTONE
657	670	RED BED HARD