

WATER WELL RECORD Form WWC-5

☒ Original Record ☐ Correction ☐ Change in Well Use

Division of Water
Resources App. No.

20170167

Well ID

Reece - Riffey

1 LOCATION OF WATER WELL: County: Pratt		Fraction ¼ SE ¼ SE ¼ SW ¼	Section Number 6	Township Number T 29 S	Range Number R 12 E W									
2 WELL OWNER: Last Name: Reece First: Merlin Business: Address: 40128 SE 70th ST Address: City: Sawver State: KS ZIP: 67530		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"/> 3N of Sawyer, KS												
3 LOCATE WELL WITH "X" IN SECTION BOX: N <div style="text-align: center;"> <div style="display: flex; justify-content: space-between;"> W E </div> <table border="1" style="margin: auto; text-align: center;"> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> <div style="display: flex; justify-content: space-between;"> S 1 mile </div> </div>											4 DEPTH OF COMPLETED WELL:167..... ft. Depth(s) Groundwater Encountered: 1)90..... ft. 2) ft. 3) ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL:90..... ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr).....07/20/17..... <input type="checkbox"/> 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:80..... gpm Bore Hole Diameter:8..... in. to ft. and in. to ft.		5 Latitude:(decimal degrees) Longitude:(decimal degrees) Horizontal Datum: <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 Source for Latitude/Longitude: <input type="checkbox"/> GPS (unit make/model:) (WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Online Mapper: 6 Elevation:ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC Source: <input type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other	
7 WELL WATER TO BE USED AS: 1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock <input type="checkbox"/> Irrigation <input type="checkbox"/> Feedlot <input type="checkbox"/> Industrial 2. <input type="checkbox"/> Public Water Supply: well ID 3. <input type="checkbox"/> Dewatering: how many wells? 4. <input type="checkbox"/> Aquifer Recharge: well ID 5. <input type="checkbox"/> Monitoring: well ID 6. <input type="checkbox"/> Environmental Remediation: well ID 7. <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection 8. <input type="checkbox"/> Oil Field Water Supply: lease Reece - Riffey 9. <input type="checkbox"/> Test Hole: well ID 10. <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical 11. <input type="checkbox"/> Geothermal: how many bores? a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water 12. <input type="checkbox"/> Other (specify):														
Was a chemical/bacteriological sample submitted to KDHE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, date sample was submitted: Water well disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No														
8 TYPE OF CASING USED: <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other CASING JOINTS: <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded Casing diameter5..... in. to127..... ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface12..... in. Weight3.54..... lbs./ft. Wall thickness or gauge No. SDR17..... TYPE OF SCREEN OR PERFORATION MATERIAL: <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Concrete tile <input type="checkbox"/> None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: <input type="checkbox"/> Continuous Slot <input type="checkbox"/> Mill Slot <input type="checkbox"/> Gauze Wrapped <input type="checkbox"/> Torch Cut <input type="checkbox"/> Drilled Holes <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Louvered Shutter <input type="checkbox"/> Key Punched <input type="checkbox"/> Wire Wrapped <input checked="" type="checkbox"/> Saw Cut <input type="checkbox"/> None (Open Hole) SCREEN-PERFORATED INTERVALS: From127..... ft. to167..... ft., From ft. to ft., From ft. to ft. GRAVEL PACK INTERVALS: From23..... ft. to167..... ft., From ft. to ft., From ft. to ft.														
9 GROUT MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other Grout Intervals: From0..... ft. to23..... 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 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 checked="" type="checkbox"/> Oil Well/Gas Well <input type="checkbox"/> Other (Specify) Direction from well? North Distance from well? 120..... ft.														
10 FROM		TO		LITHOLOGIC LOG										
1		2		top soil										
2		30		clay										
30		33		limestone										
33		40		clay										
40		45		limestone										
45		78		clay										
78		160		sand and gravel										
160		167		clay										
				Notes:										
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo-day-year) 07/20/17..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 186..... This Water Well Record was completed on (mo-day-year) 07/25/17..... under the business name of Kelly's Water Well Service, Inc..... Signature <i>Kelly's Water Well Service</i> 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. Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015														