

**WATER WELL RECORD Form WWC-5**

Original Record  Correction  Change in Well Use

Division of Water Resources App. No.  

Well ID  

<b>1 LOCATION OF WATER WELL:</b> County: <b>Kiowa</b>	Fraction ¼ NW ¼ NW ¼ NE ¼	Section Number <b>7</b>	Township Number <b>T 29 S</b>	Range Number <b>R 19</b> <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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<b>2 WELL OWNER:</b> Last Name: <b>Hayse</b> First: <b>Dale</b> Business: Address: <b>14058 17th Ave.</b> Address: City: <b>Mullinville</b> State: <b>KS</b> ZIP: <b>67109</b>	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"/> <b>half mile west of N St. and 13th Ave.</b>
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**3 LOCATE WELL WITH "X" IN SECTION BOX:**

N

NW	X	NE	
W			E
SW		SE	
	S		

|-----1 mile-----|

**4 DEPTH OF COMPLETED WELL:** ..... **170** ..... ft.

Depth(s) Groundwater Encountered: 1) ..... **155** ..... ft.  
 2) ..... ft. 3) ..... ft., or 4)  Dry Well

WELL'S STATIC WATER LEVEL: ..... **155** ..... 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: ..... **5** ..... gpm

Bore Hole Diameter: ..... **9** ..... in. to ..... **170** ..... ft. and  
 ..... in. to ..... ft.

**5 Latitude:** ..... (decimal degrees)  
**Longitude:** ..... (decimal degrees)  
**Horizontal 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:** **2365** ..... ft.  Ground Level  TOC  
**Source:**  Land Survey  GPS  Topographic Map  
 Other .....

**7 WELL WATER TO BE USED AS:**

1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input checked="" type="checkbox"/> Livestock 2. <input type="checkbox"/> Irrigation 3. <input type="checkbox"/> Feedlot 4. <input type="checkbox"/> Industrial	5. <input type="checkbox"/> Public Water Supply: well ID ..... 6. <input type="checkbox"/> Dewatering: how many wells? ..... 7. <input type="checkbox"/> Aquifer Recharge: well ID ..... 8. <input type="checkbox"/> Monitoring: well ID ..... 9. Environmental Remediation: well ID ..... <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection	10. <input type="checkbox"/> Oil Field Water Supply: lease ..... 11. Test Hole: well ID ..... <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical 12. 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 13. <input type="checkbox"/> Other (specify): .....
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**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 ..... **5** ..... in. to ..... **150** ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
 Casing height above land surface ..... **24** ..... in. Weight **SDR 17** ..... 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 **150** ..... ft. to **170** ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
**GRAVEL PACK INTERVALS:** From **50** ..... ft. to **170** ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

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

Grout Intervals: From **3** ..... ft. to **50** ..... 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 checked="" 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 type="checkbox"/> Oil Well/Gas Well
<input type="checkbox"/> Other (Specify) .....				

Direction from well? **East** ..... Distance from well? **225** ..... ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	10	Top Soil			
10	50	Clay			
50	85	Sandy Clay			
85	120	Sand			
120	170	Sand/Gravel			
<b>Notes:</b>					

**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) **1-8-2018** ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **931** ..... This Water Well Record was completed on (mo-day-year) **1-15-2018** ..... under the business name of **Darren Hayse** ..... Signature *Darren Hayse* .....

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.