

WATER WELL RECORD Form WWC-5

Original Record Correction Change in Well Use

Division of Water Resources App. No.

Well ID

LOCATION OF WATER WELL:

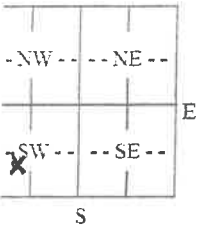
County: Barber Fraction: NE SW SW Section Number: 25 Township Number: T 30 S Range Number: R 12 E W

WELL OWNER: Last Name: Koepfen First: Paige

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:
9 N. Medicine Lodge, KS

Business: _____
 Address: 956 Curry
 Address: Wichita State: KS ZIP: 67203

LOCATE WELL WITH "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL: 154 ft.
 Depth(s) Groundwater Encountered: 1) 15 ft.
 2) _____ ft. 3) _____ ft., or 4) Dry Well
WELL'S STATIC WATER LEVEL: 15 ft.
 below land surface, measured on (mo-day-yr) 8-6-19
 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: 1 gpm
 Bore Hole Diameter: 9 3/4 in. to 154' 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: _____ ft. Ground Level TOC
 Source: Land Survey GPS Topographic Map
 Other _____

WELL WATER TO BE USED AS:

- Domestic:
 - Household
 - Lawn & Garden
 - Livestock
 - Irrigation
 - Feedlot
 - Industrial
- Public Water Supply: well ID _____
- Dewatering: how many wells? _____
- Aquifer Recharge: well ID _____
- Monitoring: well ID _____
- Environmental Remediation: well ID _____
 - Air Sparge Soil Vapor Extraction
 - Recovery Injection
- Oil Field Water Supply: lease _____
- Test Hole: well ID _____
 - Cased Uncased Geotechnical
- Geothermal: how many bores? _____
 - a) Closed Loop Horizontal Vertical
 - b) Open Loop Surface Discharge Inj. of Water
- Other (specify): _____

Has a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted: _____
 Has the well disinfected? Yes No

TYPE OF CASING USED: Steel PVC Other _____ **CASING JOINTS:** Glued Clamped Welded Threaded
 Casing diameter: 5 in. to 154 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.
 Casing height above land surface: 24 in. Weight 160 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 134 ft. to 154 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

ROUT MATERIAL: Neat cement Cement grout Bentonite Other _____
 Grout Intervals: From 0 ft. to 20 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

Closest 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) _____
 Distance from well? 100' ft.

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	Red Soil			
2	10	Red Clay & Shale			
10	154	Red Shale			

Notes: Open hole from 20' to 154'

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged or abandoned in my jurisdiction and was completed on (mo-day-year) 8-6-19 and this record is true to the best of my knowledge and belief.
 I am a Water Well Contractor's License No. 140 This Water Well Record was completed on (mo-day-year) 8-29-19
 or the business name of Hyman's, Inc. Signature Debra Hyman

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