

# 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: <u>Kingman</u>		Fraction <u>1/4 NE 1/4 NE 1/4 NE 1/4</u>	Section Number <u>23</u>	Township Number <u>T 30 S</u>	Range Number <u>R 5 E 1 W</u>
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<b>2 WELL OWNER:</b> Last Name: <u>Olivier</u> First: <u>Paul</u> Business: <u>15506 S. State Rd 2</u> Address: <u>Norwich</u> State: <u>Ko</u> ZIP: <u></u>		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 checked="" type="checkbox"/>
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<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> 	<b>4 DEPTH OF COMPLETED WELL:</b> <u>120</u> ft. Depth(s) Groundwater Encountered: 1) ..... ft. 2) ..... ft. 3) ..... ft. or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: <u>33</u> ft. <input type="checkbox"/> below land surface, measured on (mo-day-yr) ..... <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: ..... gpm Bore Hole Diameter: <u>11</u> in. to ..... ft. and ..... in. to ..... ft.	<b>5 Latitude:</b> ..... (decimal degrees) <b>Longitude:</b> ..... (decimal degrees) 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: .....
	<b>6 Elevation:</b> ..... 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 .....	

<b>7 WELL WATER TO BE USED AS:</b> 1. Domestic: <input type="checkbox"/> Household <input checked="" type="checkbox"/> Lawn & Garden <input 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

<b>8 TYPE OF CASING USED:</b> <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other ..... Casing diameter <u>5</u> in. to <u>120</u> ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft. Casing height above land surface <u>16</u> in. Weight <u>160</u> lbs./ft. Wall thickness or gauge No. <u>26</u> <b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b> <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) <b>SCREEN OR PERFORATION OPENINGS ARE:</b> <input type="checkbox"/> Continuous Slot <input checked="" 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 type="checkbox"/> Saw Cut <input type="checkbox"/> None (Open Hole) <b>SCREEN-PERFORATED INTERVALS:</b> From <u>80</u> ft. to <u>120</u> ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft. <b>GRAVEL PACK INTERVALS:</b> From <u>24</u> ft. to <u>120</u> ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.
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<b>9 GROUT MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other ..... Grout Intervals: From <u>4</u> ft. to <u>24</u> ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft. <b>Nearest source of possible contamination:</b> <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 checked="" 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? <u>South</u> Distance from well? <u>23'</u> ft.
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10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	Top Soil			
2	24	Clay			
24	117	med Sand w/rl clay streaks			
117	120	Shale			
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) 3/30/13 and this record is true to the best of my knowledge and belief.  
 Kansas Water Well Contractor's License No. 611 This Water Well Record was completed on (mo-day-year) 4-29-13  
 under the business name of Chase Drilling

INSTRUCTIONS: Send one copy to WATER WELL OWNER and retain one copy for your records. Submit fee of \$5.00 for each constructed well along with one (white) copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone (785) 296-3565.

Visit us at <http://www.kdheks.gov/waterwell/index.html>

KSA 82a-1212

Revised 9/10/2012