

WATER WELL RECORD Form WWC-5

☒ Original Record ☐ Correction ☐ Change in Well UseDivision of Water
Resources App. No.

Well ID

1 LOCATION OF WATER WELL: County: <u>Kingman</u>		Fraction: <u>1/4 SW 1/4 SE 1/4 SE</u>	Section Number: <u>31</u>	Township Number: <u>T 30 S</u>	Range Number: <u>R 7 E 1 W</u>															
2 WELL OWNER: Last Name: <u>Rathoff</u> First: <u>Hannah</u> Business: _____ Address: <u>3650 So 119th St. West</u> City: <u>Wichita</u> State: <u>KS</u> ZIP: <u>67215</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 type="checkbox"/> <u>4 S Rago 1 West</u>																	
3 LOCATE WELL WITH "X" IN SECTION BOX: N <table border="1" style="width:100%; text-align: center; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td></tr><tr><td>-- NW --</td><td>-- NE --</td><td> </td></tr><tr><td>W</td><td> </td><td>E</td></tr><tr><td>-- SW --</td><td>-- SE --</td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table> S ----- 1 mile -----					-- NW --	-- NE --		W		E	-- SW --	-- SE --					4 DEPTH OF COMPLETED WELL: <u>120</u> ft. Depth(s) Groundwater Encountered: 1) <u>69</u> ft. 2) _____ ft. 3) _____ ft. or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: <u>69</u> ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) <u>12-5-17</u> <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: <u>20</u> gpm Bore Hole Diameter: <u>9</u> in. to <u>120</u> 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: _____	
-- NW --	-- NE --																			
W		E																		
-- SW --	-- SE --																			
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 checked="" type="checkbox"/> Livestock <input type="checkbox"/> Irrigation 2. <input type="checkbox"/> Feedlot <input type="checkbox"/> Industrial 3. <input type="checkbox"/> Public Water Supply: well ID _____ 4. <input type="checkbox"/> Dewatering: how many wells? _____ 5. <input type="checkbox"/> Aquifer Recharge: well ID _____ 6. <input type="checkbox"/> Monitoring: well ID _____ 7. <input type="checkbox"/> Environmental Remediation: well ID _____ 8. <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection 9. <input type="checkbox"/> Oil Field Water Supply: lease _____ 10. <input type="checkbox"/> Test Hole: well ID _____ 11. <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical 12. <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 13. <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 diameter <u>5</u> in. to <u>120</u> ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface _____ in. Weight <u>160</u> lbs./ft. Wall thickness or gauge No. _____ 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: From <u>108</u> ft. to <u>130</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>50</u> ft., From <u>55</u> ft. to <u>120</u> 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: From <u>0</u> ft. to <u>20</u> ft., From <u>50</u> ft. to <u>55</u> ft., From _____ ft. to _____ ft. Nearest source of possible contamination: <input checked="" 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 type="checkbox"/> Oil Well/Gas Well <input type="checkbox"/> Other (Specify) _____ Direction from well? <u>W</u> Distance from well? <u>2640</u> ft.																				
10 FROM TO LITHOLOGIC LOG		FROM TO LITHO. LOG (cont.) or PLUGGING INTERVALS																		
<u>0</u>	<u>3</u>	<u>Soil</u>																		
<u>3</u>	<u>6</u>	<u>Dirty gravel</u>																		
<u>6</u>	<u>50</u>	<u>Sand</u>																		
<u>50</u>	<u>59</u>	<u>Yellow Clay</u>																		
<u>59</u>	<u>119</u>	<u>Sand</u>																		
<u>119</u>	<u>120</u>	<u>Red Shale</u>																		
		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-yr) <u>12-5-17</u> and this record is true to the best of my knowledge and belief Kansas Water Well Contractor's License No. <u>140</u> This Water Well Record was completed on (mo-day-yr) <u>12-28-17</u> under the business name of <u>Kingman's Inc.</u> Signature: <u>[Signature]</u>																				
Mail 1 white copy along with a fee of \$7.00 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																				