

# 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>Barber</u>		Fraction <u>1/4 NE 1/4 NW 1/4</u>	Section Number <u>26</u>	Township Number <u>T 32S</u>	Range Number <u>R 12E</u> <input checked="" type="checkbox"/> <u>W</u>															
<b>2 WELL OWNER:</b> Last Name: <u>Ash</u> First: <u>Dillman</u> Business Address: <u>2251 S.W. Pleasant Hill</u> City: <u>Medicine Lodge</u> State: <u>KS</u> ZIP: <u>67104</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>1 W. 2 1/2 S. Medicine Lodge, KS</u>																		
<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> N <table border="1" style="width:100%; text-align: center;"><tr><td></td><td><input checked="" type="checkbox"/></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>S</td><td></td></tr></table> -----1 mile-----			<input checked="" type="checkbox"/>		-- NW --	-- NE --		W		E	-- SW --	-- SE --			S		<b>4 DEPTH OF COMPLETED WELL:</b> <u>50</u> ft. Depth(s) Groundwater Encountered: 1) <u>30</u> ft. 2) ..... ft. 3) ..... ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: <u>30</u> ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) <u>1-14-14</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>4</u> gpm Bore Hole Diameter: <u>9</u> in. to <u>50</u> 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: .....	
	<input checked="" type="checkbox"/>																			
-- NW --	-- NE --																			
W		E																		
-- SW --	-- SE --																			
	S																			
<b>7 WELL WATER TO BE USED AS:</b> 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): .....																				
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																				
<b>8 TYPE OF CASING USED:</b> <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>50</u> ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft. Casing height above land surface <u>24</u> 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>30</u> ft. to <u>50</u> ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft. GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>50</u> ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.																				
<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>0</u> ft. to <u>20</u> 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 type="checkbox"/> Oil Well/Gas Well <input checked="" type="checkbox"/> Other (Specify) <u>Compressor Station</u> Direction from well? <u>E</u> Distance from well? <u>2500</u> ft.																				
<b>10 FROM TO LITHOLOGIC LOG</b>		<b>FROM TO LITHO. LOG (cont.) or PLUGGING INTERVALS</b>																		
<u>0</u>	<u>3</u>	<u>Red Soil</u>																		
<u>3</u>	<u>9</u>	<u>Red Clay</u>																		
<u>9</u>	<u>50</u>	<u>Red Shale w/ Break</u>																		
		<b>Notes:</b>																		
<b>11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> 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) <u>1-14-14</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-year) <u>2-6-14</u> under the business name of <u>Lyman's Inc.</u> <u>Clayton Lyman</u>																				

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>

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