



**WATER WELL RECORD**

**Form WWC-5**

1251284

Division of Water  
Resources App. No.

Well ID

Well ID

Original Record    Correction    Change in Well Use

**1 LOCATION OF WATER WELL:**

County:	Fraction	Section Number	Township Number	Range Number
	1/4   1/4   1/4   1/4		T   S	R   E   W

**2 WELL OWNER:** Last Name: \_\_\_\_\_ First: \_\_\_\_\_  
 Business: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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:

**3 LOCATE WELL WITH "X" IN SECTION BOX:**  
N

--- NW ---	---	NE ---
W	X	E
--- SW ---	---	SE ---
	S	

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

**4 DEPTH OF COMPLETED WELL:** \_\_\_\_\_ ft.  
 Depth(s) Groundwater Encountered: 1) \_\_\_\_\_ ft.  
 2) \_\_\_\_\_ ft. 3) \_\_\_\_\_ ft., or 4)  Dry Well  
**WELL'S STATIC WATER LEVEL:** \_\_\_\_\_ 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: .....gpm  
 Bore Hole Diameter: ..... in. to ..... ft. and  
 ..... in. to ..... ft.

**5 Latitude:** .....(decimal degrees)  
**Longitude:** .....(decimal degrees)  
 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 .....

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

1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock	5. <input type="checkbox"/> Public Water Supply: well ID .....	10. <input type="checkbox"/> Oil Field Water Supply: lease .....
2. <input type="checkbox"/> Irrigation	6. <input type="checkbox"/> Dewatering: how many wells? .....	11. Test Hole: well ID .....
3. <input type="checkbox"/> Feedlot	7. <input type="checkbox"/> Aquifer Recharge: well ID .....	<input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical
4. <input type="checkbox"/> Industrial	8. <input type="checkbox"/> Monitoring: well ID .....	12. Geothermal: how many bores? .....
	9. Environmental Remediation: well ID .....	a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical
	<input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction	b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water
	<input type="checkbox"/> Recovery <input type="checkbox"/> Injection	13. <input type="checkbox"/> Other (specify): .....

**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 ..... in. to ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
 Casing height above land surface ..... in. Weight ..... 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 ..... ft. to ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
**GRAVEL PACK INTERVALS:** From ..... ft. to ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

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

Grout Intervals: From ..... ft. to ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**Nearest 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) .....

Direction from well? ..... Distance from well? ..... ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS

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

Form	WWC5
Contractor	Hydro Resources Mid Continent, Inc.
Well Owner	Milton Gillespie
Doc ID	1251284

Litholgy

From	To	LithologicLog
0	2	top soil
2	31	brown sandy clay
31	81	fine sand w/ few clay stringers
81	111	fine sand w/ few brown rock & couple clay stringers
111	143	brown sandy clay w/ few lime rock
143	196	brown sandy clay w/ few sand strips
196	214	brown clay
214	235	fine sand w/ some clay stringers
235	275	sand fine to med coarse w/ some brown rock
275	293	brown sandy clay w/ some fine sand strips
293	304	brown sandy clay
304	310	sand fine some med
310	318	brown sandy clay w/ few sand strips
318	329	brown sandy clay w/ some fine sand strips
329	351	brown clay
351	420	blue clay