

# WATER WELL RECORD Form WWC-5

☐ Original Record ☐ Correction ☐ Change in Well Use

Division of Water  
Resources App. No.

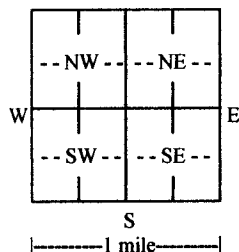
Well ID

**1 LOCATION OF WATER WELL:** County: **CLARK** Fraction  $\frac{1}{4}$  NW  $\frac{1}{4}$  NW  $\frac{1}{4}$  NW Section Number **10** Township Number **T 33 S** Range Number **R 23** ☐ E ☒ W

**2 WELL OWNER:** Last Name: **GARDINER** First: **GARTH**  
Business:  
Address: **1182 RD Y**  
Address:  
City: **ASHLAND** State: **KS** ZIP: **67831**

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: ☐  
**2 MILES WEST OF ASHLAND**

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



**4 DEPTH OF COMPLETED WELL:** ..... **145** ft.  
Depth(s) Groundwater Encountered: 1) ..... ft.  
2) ..... ft. 3) ..... ft., or 4) ☐ Dry Well  
WELL'S STATIC WATER LEVEL: ..... **53** 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: ..... **20** gpm  
Bore Hole Diameter: ..... **9.7/8** in. to ..... 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 .....

## 7 WELL WATER TO BE USED AS:

- |   |  |   |
|---|--|---|
| 1. Domestic:<br><input checked="" type="checkbox"/> Household<br><input type="checkbox"/> Lawn & Garden<br><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 ..... **5** in. to ..... **145** ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
Casing height above land surface ..... **12** in. Weight ..... lbs./ft. Wall thickness or gauge No. **SDR 21** .....

## 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 ..... **105** ft. to ..... **145** ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From ..... **25** ft. to ..... **145** ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

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

Grout Intervals: From ..... **5** ft. to ..... **25** 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 checked="" 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? **NORTH** Distance from well? **50** ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	SANDY CLAY			
2	8	GRAY CLAY			
8	25	SANDY CLAY W/ SAND STREAKS			
25	102	HARD RED CLAY			
102	112	SAND STONE AND RED CLAY (USED SOME WATER)			
112	145	BROWN CLAY W/ SANDSTONE LAYER			

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) **7/13/16** ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **805** ..... This Water Well Record was completed on (mo-day-year) **8/13/16** ..... under the business name of **SOUTHWEST WINDMILL** Signature *[Signature]*

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, 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