

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: <u>Barber</u>		Fraction <u>1/4 SW 1/4 SW 1/4 SW 1/4</u>	Section Number <u>34</u>	Township Number <u>T 34 S</u>	Range Number <u>R 14 E 12 W</u>															
2 WELL OWNER: Last Name: <u>BAIER</u> First: <u>CLINT</u> Business: Address: <u>RR 1</u> Address: 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>10 1/2 miles west of Hardner on Hackberry Rd</u> <u>Then North on Prairie Dog Rd 1 3/4 mile to well</u>																		
3 LOCATE WELL WITH "X" IN SECTION BOX: N <table border="1" style="width:100%; text-align: center;"><tr><td></td><td></td><td></td></tr><tr><td>-- NW --</td><td></td><td>-- NE --</td></tr><tr><td>W</td><td></td><td>E</td></tr><tr><td>-- SW --</td><td></td><td>-- SE --</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>200</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>65</u> ft. <input type="checkbox"/> below land surface, measured on (mo-day-yr). <input checked="" type="checkbox"/> above land surface, measured on (mo-day-yr). <u>7-24-15</u> Pump test data: Well water was ft. after hours pumping gpm Well water was ft. after hours pumping gpm Estimated Yield: <u>5</u> gpm Bore Hole Diameter: <u>10 3/8</u> in. to <u>200</u> ft. and in. to ft.		5 Latitude: (decimal degrees) Longitude: (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:	
-- 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
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? ☐ 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 2.4 in. Weight 160 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 200 ft. to 21 ft., From ft. to ft., From ft. to ft.

9 GROUT MATERIAL:

☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other
 Grout Intervals: From 21 ft. to 0 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 |

☒ Other (Specify) Pasture well on Hill
 Direction from well? 999 Distance from well? 999 ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	5	Red Top Soil			
5	8	White gyp			
8	80	Red clay			
80	95	Fine sand w/streaks of Red clay			
95	130	Red clay			
130	140	Red clay w/Small cracks			
140	155	Red clay w/Gray shale streaks			
155	200	Red clay			

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) 7-24-15 and this record is true to the best of my knowledge and belief.
 Kansas Water Well Contractor's License No. 672 This Water Well Record was completed on (mo-day-year) 8-7-15
 under the business name of Crowdis Water Well Serv

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.