

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: Seward Fraction SE 1/4 SE 1/4 SE 1/4 NW 1/4 Section Number 26 Township Number T 34 S Range Number R 33 E W

2 WELL OWNER: Last Name: _____ First: _____ 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:
 Business: National Beef
 Address: 1501 E 8th st
 Address: _____
 City: Liberal State: KS ZIP: 67907

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

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

----- 1 mile -----

4 DEPTH OF COMPLETED WELL: 215 ft.
 Depth(s) Groundwater Encountered: 1) 195 ft.
 2) _____ ft. 3) _____ ft., or 4) Dry Well
WELL'S STATIC WATER LEVEL: 195 ft.
 below land surface, measured on (mo-day-yr) 4-19-2018
 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: 1 to 2 gpm
 Bore Hole Diameter: _____ in. to 215 ft. and _____ in. to _____ ft.

5 Latitude: 37.0622306 (decimal degrees)
Longitude: -100.8784889 (decimal degrees)
Horizontal Datum: WGS 84 NAD 83 NAD 27
Source for Latitude/Longitude:
 GPS (unit make/model: IPHONE)
 (WAAS enabled? Yes No)
 Land Survey Topographic Map
 Online Mapper: _____
6 Elevation: 2822.70 ft. Ground Level TOC
Source: Land Survey GPS Topographic Map
 Other _____

7 WELL WATER TO BE USED AS:

1. <input type="checkbox"/> Domestic <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input 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 checked="" type="checkbox"/> Monitoring: well ID <u>NB MW-7D</u> 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): _____
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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 2 in. to 195 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.
 Casing height above land surface 2.5 in. Weight 93 lbs./ft. Wall thickness or gauge No. SCH80
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 195 ft. to 215 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From 193 ft. to 215 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other _____
 Grout intervals: From 0 ft. to 193 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) NA
 Direction from well? NA Distance from well? _____ ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	13	silty clay dark brown			
13	40	sandy brown			
40	79	sandy silt brown			
79	90	sandy clay brown			
90	120	sandy clay with silt brown			
120	150	silty sand brown			
150	180	sand gravel with sand light brown			
180	200	sandy clay brown			
200	215	sandy clay brown			

Notes: Northing 1465230.36 easting 818361.91

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) 4-19-18 and this record is true to the best of my knowledge and belief.
 Kansas Water Well Contractor's License No. 597 This Water Well Record was completed on (mo-day-year) 5-31-2018
 under the business name of Cascade drilling llc 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

