

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>Stevens</u>		Fraction <u>1/4 SW 1/4 SW 1/4 SW 1/4</u>	Section Number <u>26</u>	Township Number <u>T 34 S</u>	Range Number <u>R 38</u> <input type="checkbox"/> E <input checked="" type="checkbox"/> W															
2 WELL OWNER: Last Name: <u>Wiebe</u> First: <u>Cornelius</u> Business: <u>2692</u> Address: <u>Liberal</u> City: <u>Liberal</u> State: <u>KS</u> ZIP: <u>67901</u>		Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): <u>4 miles west & 8 miles south of Hugoton</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>-- 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> </td><td> </td></tr></table> S ----- 1 mile -----					-- NW --	-- NE --		W		E	-- SW --	-- SE --					4 DEPTH OF COMPLETED WELL: <u>603</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>256</u> ft. <input type="checkbox"/> below land surface, measured on (mo-day-yr) <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>50</u> gpm Bore Hole Diameter: <u>9 1/8</u> in. to 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 <u>Source for Latitude/Longitude:</u> <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 <u>Source:</u> <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 checked="" 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 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 in. Weight lbs./ft. Wall thickness or gauge No. #200

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 523 ft. to 603 ft., From ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From 200 ft. to 603 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 195 ft. to 200 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 checked="" type="checkbox"/> Oil Well/Gas Well |

Other (Specify)
 Direction from well? North west Distance from well? 1500 ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	5	Topsoil	415	440	clay & sand streaks
5	58	clay & caliche	440	530	med sand w/ clay streaks
58	65	fine sand	530	580	80% med sand 10% clay
65	127	sandy clay & caliche streaks	580	607	med sand
127	188	med & fine sand w/ clay streaks			
188	212	tan clay			
212	225	med sand			
225	238	clay			
238	415	med to fine sand			

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) 6-27-13 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) 7-2-13
 under the business name of Southwest Water Well

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>

KSA 82a-1212

Revised 9/10/2012