

# WATER WELL RECORD Form WWC-5

☒ Original Record ☐ Correction ☐ Change in Well Use

Division of Water  
Resources App. No.

49455

Well ID

West#2

<b>1 LOCATION OF WATER WELL:</b> County: Decatur		Fraction ¼ NW ¼ NW ¼ SE ¼	Section Number 3	Township Number T 3 S	Range Number R 26 E W								
<b>2 WELL OWNER:</b> Last Name: Western Bailey Boys Business: PO Box 7 Address: Norcatur City: Norcatur State: KS ZIP: 67653		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"/> Int. of 2800 & Hwy 36--1/2 Mile South & 1360' West											
<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> N <table border="1" style="width:100%; text-align: center;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td>X</td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> S W E  -----1 mile-----					X					<b>4 DEPTH OF COMPLETED WELL:</b> 255 ft. Depth(s) Groundwater Encountered: 1) _____ ft. 2) _____ ft. 3) _____ ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: 164 ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) 3-25-17 <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: 100+ gpm Bore Hole Diameter: 15 in. to 255 ft. and _____ in. to _____ ft.	<b>5 Latitude:</b> 39.820250 (decimal degrees) <b>Longitude:</b> 100.222083 (decimal degrees) Horizontal Datum: <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input checked="" type="checkbox"/> NAD 27 Source for Latitude/Longitude: <input checked="" type="checkbox"/> GPS (unit make/model: Garmin Montana 650T) (WAAS enabled? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input checked="" type="checkbox"/> Online Mapper: Google Earth		
	X												
<b>6 Elevation:</b> _____ 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 _____													
<b>7 WELL WATER TO BE USED AS:</b> 1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock 2. <input checked="" 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, date sample was submitted: _____ Water well disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No													
<b>8 TYPE OF CASING USED:</b> <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other _____ CASING JOINTS: <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded Casing diameter 8 in. to 255 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface 12 in. Weight 5.82 lbs./ft. Wall thickness or gauge No. 0.332 <b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b> <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Concrete tile <input type="checkbox"/> None used (open hole) <b>SCREEN OR PERFORATION OPENINGS ARE:</b> <input type="checkbox"/> Continuous Slot <input type="checkbox"/> Mill Slot <input type="checkbox"/> Gauze Wrapped <input type="checkbox"/> Torch Cut <input type="checkbox"/> Drilled Holes <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Louvered Shutter <input type="checkbox"/> Key Punched <input type="checkbox"/> Wire Wrapped <input checked="" type="checkbox"/> Saw Cut <input type="checkbox"/> None (Open Hole) <b>SCREEN-PERFORATED INTERVALS:</b> From 175 ft. to 255 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. <b>GRAVEL PACK INTERVALS:</b> From 20 ft. to 255 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.													
<b>9 GROUT MATERIAL:</b> <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Cement grout <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ Grout Intervals: From 0 ft. to 20 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. <b>Nearest source of possible contamination:</b> <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 <input type="checkbox"/> Other (Specify) _____ Direction from well? _____ Distance from well? _____ ft.													
10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS								
0	2	Surface	169	212	fine to some med sand w/ gravel & limstne								
2	15	Loess	212	232	sandstone w/ limestone & fine sand strks								
15	80	clay w/ caliche strks	232	238	clay w/ fine sand								
80	108	sandstone w/ clay & caliche strks	238	245	fine to some small gravel								
108	123	clay & caliche w/ sandstone strks	245	248	flint								
123	136	sandstone	248	255	yellow ochre								
136	144	fine to some med sand w/ clay lens	Notes:										
144	160	sandstone & clay											
160	169	fine to some med sand w/ clay strks											
<b>11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo-day-year) 3-24-17 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 838 This Water Well Record was completed on (mo-day-year) 5-22-17 under the business name of RMD Drilling & Well Service, 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 <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> KSA 82a-1212 Revised 7/10/2015													