

WATER WELL RECORD Form WWC-5

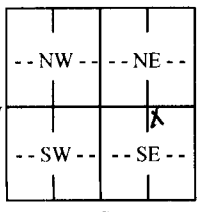
☒ Original Record ☐ Correction ☐ Change in Well Use

Division of Water
Resources App. No.

49455

Center#3

Well ID

1 LOCATION OF WATER WELL: County: Decatur		Fraction ¼ NW ¼ NE ¼ SE ¼		Section Number 3		Township Number T 3 S		Range Number R 26 <input type="checkbox"/> E <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Business: Western Bailey Boys Address: PO Box 7 Address: City: Norcatur State: KS ZIP: 67653 Int. of 2800 & Hwy 36--1/2 Mile South & 1045' West																																																															
3 LOCATE WELL WITH "X" IN SECTION BOX: N  W E S -----1 mile-----		4 DEPTH OF COMPLETED WELL:260..... ft. Depth(s) Groundwater Encountered: 1) ft. 2) ft. 3) ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL:160..... ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) 4-29-17 <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. to260..... ft. and in. to ft.				5 Latitude:39.819944..... (decimal degrees) Longitude:100.220972..... (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 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																																																									
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 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																																																															
8 TYPE OF CASING USED: <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 diameter8..... in. to260..... ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface12..... in. Weight5.82..... lbs./ft. Wall thickness or gauge No. 0.332 TYPE OF SCREEN OR PERFORATION MATERIAL: <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) SCREEN OR PERFORATION OPENINGS ARE: <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) SCREEN-PERFORATED INTERVALS: From180..... ft. to260..... ft., From ft. to ft., From ft. to ft. GRAVEL PACK INTERVALS: From20..... ft. to260..... ft., From ft. to ft., From ft. to ft.																																																															
9 GROUT MATERIAL: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other Grout Intervals: From0..... ft. to20..... 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 <input type="checkbox"/> Other (Specify) Direction from well? Distance from well? ft.																																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>10 FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>LITHO. LOG (cont.) or PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>2</td> <td>Surface</td> <td>170</td> <td>214</td> <td>fine to some med sand w/ gravel & limstne</td> </tr> <tr> <td>2</td> <td>15</td> <td>Loess</td> <td>214</td> <td>233</td> <td>sandstone w/ limestone & fine sand strks</td> </tr> <tr> <td>15</td> <td>81</td> <td>clay w/ caliche strks</td> <td>233</td> <td>240</td> <td>clay w/ fine sand</td> </tr> <tr> <td>81</td> <td>110</td> <td>sandstone w/ clay & caliche strks</td> <td>240</td> <td>247</td> <td>fine to some small gravel</td> </tr> <tr> <td>110</td> <td>125</td> <td>clay & caliche w/ sandstone strks</td> <td>247</td> <td>250</td> <td>flint</td> </tr> <tr> <td>125</td> <td>136</td> <td>sandstone</td> <td>250</td> <td>260</td> <td>yellow ochre</td> </tr> <tr> <td>136</td> <td>145</td> <td>fine to some med sand w/ clay lens</td> <td colspan="3" rowspan="3">Notes:</td> </tr> <tr> <td>145</td> <td>160</td> <td>sandstone & clay</td> </tr> <tr> <td>160</td> <td>170</td> <td>fine to some med sand w/ clay strks</td> </tr> </tbody> </table>										10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS	0	2	Surface	170	214	fine to some med sand w/ gravel & limstne	2	15	Loess	214	233	sandstone w/ limestone & fine sand strks	15	81	clay w/ caliche strks	233	240	clay w/ fine sand	81	110	sandstone w/ clay & caliche strks	240	247	fine to some small gravel	110	125	clay & caliche w/ sandstone strks	247	250	flint	125	136	sandstone	250	260	yellow ochre	136	145	fine to some med sand w/ clay lens	Notes:			145	160	sandstone & clay	160	170	fine to some med sand w/ clay strks
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11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: 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) 4-28-17..... 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 http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015																																																															