

**WATER WELL RECORD Form WWC-5** 1210139Division of Water Resources App. No.  Well ID   Original Record  Correction  Change in Well Use**1 LOCATION OF WATER WELL:**County:  

Fraction

¼ ¼ ¼ ¼

Section Number

Township Number

T S

Range Number

R  E  W**2 WELL OWNER:** Last Name:

First:

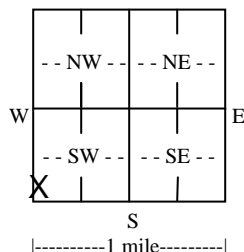
Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: Business:  
Address:  
Address:  
City:

State:

ZIP:

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

N

**4 DEPTH OF COMPLETED WELL:** ..... ft.

Depth(s) Groundwater Encountered: 1) ..... ft.

2) ..... ft. 3) ..... ft., or 4)  Dry Well

WELL'S STATIC WATER LEVEL: ..... ft.

 below land surface, measured on (mo-day-yr)..... 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: .....gpm

Bore Hole Diameter: ..... in. to ..... ft. and  
..... in. to ..... ft.**5 Latitude:** .....(decimal degrees)**Longitude:** .....(decimal degrees)Datum:  WGS 84  NAD 83  NAD 27

Source for Latitude/Longitude:

 GPS (unit make/model: .....)(WAAS enabled?  Yes  No) Land Survey  Topographic Map Online Mapper: .....**6 Elevation:** .....ft.  Ground Level  TOCSource:  Land Survey  GPS  Topographic Map Other .....**7 WELL WATER TO BE USED AS:**

1. Domestic:

- 
- Household
- 
- 
- Lawn & Garden
- 
- 
- Livestock

2.  Irrigation3.  Feedlot4.  Industrial5.  Public Water Supply: well ID .....6.  Dewatering: how many wells? .....7.  Aquifer Recharge: well ID .....8.  Monitoring: well ID .....

9. Environmental Remediation: well ID .....

 Air Sparge  Soil Vapor Extraction Recovery  Injection10.  Oil Field Water Supply: lease .....

11. Test Hole: well ID .....

 Cased  Uncased  Geotechnical

12. Geothermal: how many bores? .....

a) Closed Loop  Horizontal  Verticalb) Open Loop  Surface Discharge  Inj. of Water13.  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. ....

**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 ..... ft. to ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.**9 GROUT MATERIAL:**  Neat cement  Cement grout  Bentonite  Other .....

Grout Intervals: From ..... ft. to ..... 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) .....

Direction from well? ..... Distance from well? ..... ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS

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

Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.

KS 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

Form	WWC5
Contractor	Chas. Sargent Irrigation, Inc.
Well Owner	Karen Larson
Doc ID	1210139

Litholgy

From	To	LithologicLog
0	2	Topsoil
2	16	Fine sand w/sandy clay streaks
16	20	Sandy brown clay
20	32	Sandy brown clay w/sand streaks
32	40	Sandy brown clay w/caliche stringers
40	60	Sandy brown clay w/caliche stringers
60	71	Coarse sand, very fine gravel w/few clay streaks
71	80	Brown clay w/caliche streaks
80	95	Medium coarse sand w/clay layers
95	100	Coarse sand, fine gravel
100	111	Fine Sand
111	120	Fine sand w/hard brown sandstone & caliche layers
120	123	Fine Sand
123	140	Fine sand w/hard sandstone layers and caliche stringers
140	145	Fine sand w/hard sandstone layers & caliche stringers
145	150	Fine sand w/hard sandstone layers & caliche stringers & brown clay layers

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Litholgy

From	To	LithologicLog
150	160	Fine sand w/hard sandstone layers & caliche stringers
160	175	Medium coarse sand
175	180	Coarse sand, very fine gravel w/clay traces
180	187	Coarse sand, very fine gravel
187	195	Coarse sand, very fine gravel
195	200	Coarse sand, very fine gravel w/caliche stringers
200	207	Fine sand w/hard sandstone & caliche layers
207	210	Brown Clay