

WATER WELL RECORD Form WWC-5

☐ Original Record ☐ Correction ☐ Change in Well Use

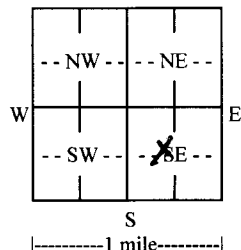
Division of Water
Resources App. No.

Well ID

1 LOCATION OF WATER WELL: County: Norton Fraction SE 1/4 SE 1/4 NW 1/4 SE 1/4 Section Number 29 Township Number T 5 S Range Number R 21 E ☒ W

2 WELL OWNER: Last Name: Frazer First: Form LLC 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: 2260 N Gilmore Dr.
Address: _____
City: Andover State: Ks ZIP: 67002 4 Miles SE of Densmore

3 LOCATE WELL WITH "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL: 120 ft.
Depth(s) Groundwater Encountered: 1) _____ ft.
2) _____ ft. 3) _____ ft. or 4) ☐ Dry Well
WELL'S STATIC WATER LEVEL: 4-30-15 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: 12 gpm
Bore Hole Diameter: 10 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 ☐ TOC
Source: ☐ Land Survey ☐ GPS ☐ Topographic Map
☐ Other _____

7 WELL WATER TO BE USED AS:

- | | | |
|---|--|---|
| 1. Domestic:
<input type="checkbox"/> Household
<input type="checkbox"/> Lawn & Garden
<input checked="" type="checkbox"/> Livestock | 5. <input type="checkbox"/> Public Water Supply: well ID _____ | 10. <input type="checkbox"/> Oil Field Water Supply: lease _____ |
| 2. <input type="checkbox"/> Irrigation | 6. <input type="checkbox"/> Dewatering: how many wells? _____ | 11. Test Hole: well ID _____ |
| 3. <input type="checkbox"/> Feedlot | 7. <input type="checkbox"/> Aquifer Recharge: well ID _____ | <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical |
| 4. <input type="checkbox"/> Industrial | 8. <input type="checkbox"/> Monitoring: well ID _____ | 12. Geothermal: how many bores? _____ |
| | 9. Environmental Remediation: well ID _____ | a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical |
| | <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction | b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water |
| | <input type="checkbox"/> Recovery <input type="checkbox"/> Injection | 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 5 in. to _____ ft. Diameter _____ in. to _____ ft. Diameter _____ in. to _____ ft.
Casing height above land surface 20 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 120 ft. to 100 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From 120 ft. to 20 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other _____
Grout Intervals: From 20 ft. to 0 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) <u>pasture</u> | | | | |

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

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	28	sandy clay + sandstone			
28	45	sand			
45	58	sand stone			
58	75	sandy clay			
75	115	sand			
115	120	shale			

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-yr) 4-30 and this record is true to the best of my knowledge and belief
Kansas Water Well Contractor's License No. 800 This Water Well Record was completed on (mo-day-yr) 5-4-15
under the business name of Gottschalk Well Drilling

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