

# WATER WELL RECORD Form WWC-5

Division of Water  
Resources App. No.

Well ID

☒ Original Record ☐ Correction ☐ Change in Well Use

<b>1 LOCATION OF WATER WELL:</b>		Fraction	Section Number	Township Number	Range Number
County: <b>Norton</b>		$\frac{1}{4}$ NE $\frac{1}{4}$ NE $\frac{1}{4}$ SW $\frac{1}{4}$	<b>5</b>	<b>T 5 S</b>	<b>R 25 E W</b>

<b>2 WELL OWNER:</b> Last Name: <b>Scheetz</b> First: <b>Jared</b>		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 Address: <b>28049 Saint Elizabeth</b>		Int. of Rd Y& W14-3188' West & 2790' South
City: <b>New Almelo</b> State: <b>KS</b> ZIP: <b>67645</b>		

<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> 	<b>4 DEPTH OF COMPLETED WELL:</b> .....150..... ft. Depth(s) Groundwater Encountered: 1) ..... ft. 2) ..... ft. 3) ..... ft. or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: .....85..... ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) <b>11-23-16</b> <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: <b>30+</b> gpm Bore Hole Diameter: <b>8.5</b> in. to <b>150</b> ft. and ..... in. to ..... ft.	<b>5 Latitude:</b> .....39.646167.....(decimal degrees) <b>Longitude:</b> .....100.163889.....(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: <b>Garmin Montana 650T</b> ) (WAAS enabled? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Online Mapper: .....
	<b>6 Elevation:</b> <b>2529</b> .....ft. <input type="checkbox"/> Ground Level <input checked="" type="checkbox"/> TOC Source: <input type="checkbox"/> Land Survey <input checked="" 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 checked="" type="checkbox"/> Livestock	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 .....	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): .....
2. <input type="checkbox"/> Irrigation 3. <input type="checkbox"/> Feedlot 4. <input type="checkbox"/> Industrial	9. Environmental Remediation: well ID ..... <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection	

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 .....4.5..... in. to .....150..... ft. Diameter ..... in. to ..... ft. Diameter ..... in. to ..... ft.  
 Casing height above land surface .....24..... in. Weight .....2.45..... lbs./ft. Wall thickness or gauge No. **0.248**.....

**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 **110** ft. to **150** ft. From ..... ft. to ..... ft. From ..... ft. to ..... ft.  
**GRAVEL PACK INTERVALS:** From **20** ft. to **150** ft. From ..... ft. to ..... ft. From ..... ft. to ..... ft.

**9 GROUT MATERIAL:** ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other .....  
 Grout intervals: From **0** ft. to **20** 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
0	2	surface	98	111	fine to some med sand
2	15	loess	111	122	clay
15	35	clay	122	133	fine sand w/ clay
35	48	clay & caliche	133	143	fine to some med sand
48	58	fine sand w/ sandstone strks	143	146	grey shale
58	65	caliche & clay	146	150	black shale
65	82	fine to some med sand w/ clay	Notes:		
82	88	cemented sand			
88	98	clay			

**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) **11-22-16** 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) **12-4-16** under the business name of **RMD Drilling & Well Service, LLC** Signature *[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