WATER WELL RECORD — Form WWC-5

Division of Water Resources App. No. ____

1 LOCATION OF WATER WELL: County: Sheridan

Fraction: ¼ SE ¼ SW ¼ SE ¼

Section Number: 3 | Township No.: T 7 S | Range Number: R 29 ☐E ☑W

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐.

615' from South Line
1519' from East Line

Global Positioning System (GPS) information:
Latitude: ..... (in decimal degrees)
Longitude: ..... (in decimal degrees)
Elevation: .....
Datum: ☐ WGS 84, ☐ NAD 83, ☐ NAD 27
Collection Method:
☐ GPS unit (Make/Model: .....)
☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey
Est. Accuracy: ☐ <3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ >15 m

2 WATER WELL OWNER: Robert Wessel
RR#, Street Address, Box #: 5461 W Rd 110N
City, State, ZIP Code : Selden, KS 67757

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

N
W | -- NW -- | -- NE -- | E
-- SW -- | -- SE -- X
S
|----------1 mile----------|

4 DEPTH OF COMPLETED WELL 185 ft.
Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.
WELL'S STATIC WATER LEVEL..... ft. below land surface measured on mo/day/yr.....
Pump test data: Well water was..... ft. after..... hours pumping..... gpm
EST. YIELD..... gpm. Well water was..... ft. after..... hours pumping..... gpm
Bore Hole Diameter 8.5 in. to 185 ft., and ..... in. to ..... ft.
WELL WATER TO BE USED AS: ☐ Public water supply ☐ Geothermal ☐ Injection well
☑ Domestic ☐ Feedlot ☐ Oil field water supply ☐ Dewatering ☐ Other (Specify below)
☐ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☐ Monitoring well .....
Was a chemical/bacteriological sample submitted to Department? ☐ Yes ☑ No
If yes, mo/day/yr sample was submitted.....
Water well disinfected? ☐ Yes ☑ No

5 TYPE OF CASING USED: ☐ Steel ☑ PVC ☐ Other .....
CASING JOINTS: ☑ Glued ☐ Clamped ☐ Welded ☐ Threaded
Casing diameter 4.5 in. to 185 ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.
Casing height above land surface 5 in., Weight 2.5 lbs./ft., Wall thickness or gauge No. 0.248
TYPE OF SCREEN OR PERFORATION MATERIAL:
☐ Steel ☐ Stainless Steel ☑ PVC ☐ Other (Specify) .....
☐ Brass ☐ Galvanized Steel ☐ None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:
☐ Continuous slot ☐ Mill slot ☐ Gauze wrapped ☐ Torch cut ☐ Drilled holes ☐ None (open hole)
☐ Louvered shutter ☐ Key punched ☐ Wire wrapped ☑ Saw cut ☐ Other (specify) .....
SCREEN-PERFORATED INTERVALS: From 165 ft. to 185 ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.
GRAVEL PACK INTERVALS: From 20 ft. to 185 ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☑ Bentonite ☐ Other .....
Grout Intervals: From 0 ft. to 20 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.
What is the nearest source of possible contamination:
☐ Septic tank ☐ Lateral lines ☐ Pit privy ☐ Livestock pens ☐ Insecticide storage ☐ Other (specify below)
☐ Sewer lines ☐ Cesspool ☐ Sewage lagoon ☐ Fuel storage ☐ Abandoned water well
☐ Watertight sewer lines ☐ Seepage pit ☐ Feedyard ☐ Fertilizer storage ☐ Oil well/gas well .....
Direction from well ..... Distance from well .....

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	Surface	153	168	Clay
2	20	Loess	168	171	Fine to med sand
20	52	Sandstone	171	182	Fine to med sand and gravel
52	64	Fine to Med. Sand	182	185	Shale
64	92	Clay & Caliche w/ Sandstone Streaks			
92	111	Fine to some Med. Sand			
111	122	Clay			
122	133	Sandstone			
133	151	Fine to Med. Sand w/clay & Caliche			
151	153	Caliche			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☑ constructed, ☐ reconstructed, or ☐ plugged under my jurisdiction and was completed on (mo/day/year) 3-21-2013 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) 4-20-2013 under the business name of D&R Pump Service, LLC by (signature) [signature]

INSTRUCTIONS: Use typewriter or ball point pen. *PLEASE PRESS FIRMLY* and *PRINT* clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone: 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of $5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html.

KSA 82a-1212

Check: ☑ White Copy, ☐ Blue Copy, ☐ Pink Copy