

# 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: Thomas

Fraction

¼ SW ¼ SE ¼ NE ¼

Section Number

6

Township Number

T 7 S

Range Number

R 31 E W

## 2 WELL OWNER: Last Name: Depe

First: Alvin

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: 1743 CR M

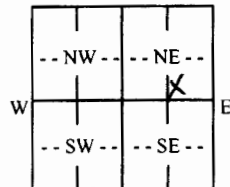
Address:

City: Colby

State: KS ZIP: 67701

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

N



S

-----1 mile-----

## 4 DEPTH OF COMPLETED WELL: 118 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: 8.5 in. to ..... ft. and

..... in. to ..... ft.

## 5 Latitude: ..... (decimal degrees)

Longitude: ..... (decimal degrees)

Horizontal 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:

☐ Household

☐ Lawn & Garden

☒ Livestock

2. ☐ Irrigation

3. ☐ Feedlot

4. ☐ Industrial

5. ☐ 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 ☐ Injection

10. ☐ Oil Field Water Supply: lease .....

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

☐ Cased ☐ Uncased ☐ Geotechnical

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

a) Closed Loop ☐ Horizontal ☐ Vertical

b) Open Loop ☐ Surface Discharge ☐ Inj. of Water

13. ☐ 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 diameter 5 in. to 118 ft. Diameter ..... in. to ..... ft. Diameter ..... in. to ..... ft.

Casing height above land surface 18 in. Weight 2.9 lbs./ft. Wall thickness or gauge No. 0.258

## 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 20 ft. to 118 ft. From ..... ft. to ..... ft. From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From 20 ft. to 118 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			
2	7	Loess			
7	25	Fine to med sand			
25	53	Caliche & sandstone			
53	75	Clay			
75	90	Sandstone			
90	110	Fine to med sand			
110	114	Clay			
114	120	Yellow ochre & grey 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-year) 12/20/15 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) 1/5/16 under the business name of D&R Pump 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>

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