

WATER WELL RECORD Form WWC-5

Division of Water Resources App. No.

Well ID

Original Record Correction Change in Well Use

1 LOCATION OF WATER WELL: County: Sheridan	Fraction ¼ NE ¼ SE ¼ NW ¼	Section Number 32	Township Number T 8 S	Range Number R 28 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
---	------------------------------	-----------------------------	---------------------------------	--

2 WELL OWNER: Last Name: Hartzog First: Harold Business Address: PO Box 74 Address: Hoxie State: KS ZIP: 67740	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"/> 1366' from N line, 2843' from E line
---	--

3 LOCATE WELL WITH "X" IN SECTION BOX:

N

NW	NE
SW	SE

S

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

4 DEPTH OF COMPLETED WELL:**155**..... 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: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input checked="" type="checkbox"/> Livestock 2. <input type="checkbox"/> Irrigation 3. <input type="checkbox"/> Feedlot 4. <input type="checkbox"/> Industrial	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 9. Environmental Remediation: well ID <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection	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):
--	--	---

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**158**..... 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 **155**..... ft., From ft. to ft., From ft. to ft.
 GRAVEL PACK INTERVALS: From **20**..... ft. to **155**..... 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:

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> Lateral Lines	<input type="checkbox"/> Pit Privy	<input checked="" 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)				

Direction from well? Distance from well? ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	Surface	107	111	Fine sand
2	25	Loess	111	120	Fine to med sand
25	35	Fine to med sand	120	135	Clay
35	50	Clay	135	145	Clay w/ fine sand str
50	60	Fine sand	145	150	Fine to med sand & gravel
60	82	Clay	150	160	Yellow ochre & grey shale
82	86	Sandstone	Notes:		
86	101	Fine to med sand			
101	107	Sandstone			

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) **9/3/15**..... 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) **10/1/15**..... 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> KSA 82a-1212 Revised 7/10/2015