

WATER WELL RECORD (WWC-5)

KOLAR DOC ID _____ WELL ID _____

LOCATION OF WATER WELL

Latitude		Longitude		Section		Township		Range		E W	Fraction	¼	¼	¼
Datum		Elevation		County										

WATER WELL OWNER

Name	
Business	
Address	
Well location at owner's address	

WELL WATER USE

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WELL INFORMATION

Depth of well: _____ ft.
Dry well
Static water level in well: _____ ft. measured below land surface on (mm/dd/yy): _____
measured above land surface on (mm/dd/yy): _____

PERMIT & ID NUMBERS (AS REQUIRED)

DWR Application No.: _____
KDHE / EPA Project Code: _____
Site Name: _____
KDHE UIC Class V Form Completed: Yes No
County Permit: Yes No Permit ID: _____
Lease Name & Well #: _____
of boreholes: _____ # of dewatering wells: _____

CASING

Type of blank casing used: _____
Casing type details: _____
Blank casing diameter: _____ inches
Was casing removed? Yes No
Top of casing is currently _____ feet _____ ground
Reason required if top of casing is now less than 5 feet below ground surface for a hand dug well or less than 3 feet below ground surface for all other types of wells.

GROUT & PLUGGING MATERIALS

Grout or Plugging interval (ft.)		Material	Description
From	To		

COMMENTS

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CONTRACTOR'S OR LANDOWNERS CERTIFICATION

<p>This water well was plugged pursuant to the stated water well contractor's license and was completed on _____. I certify that this record is true to the best of my knowledge and belief. This water well record was completed on _____ under the business name of _____, Kansas Water Well Contractor's License No. _____ under the authority of the designated person as defined in K.A.R. 28-30-2(j) and signed and certified by the electronic signature of the designated person at its submittal _____.</p>
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Send one copy to WATER WELL OWNER and retain one for your records.

WATER WELL RECORD

NW 9

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: <u>Kiowa</u>	Fraction <u>NW 1/4 NW 1/4 NW 1/4</u>	Section Number <u>2</u>	Township Number <u>T 29 S</u>	Range Number <u>R 16 E</u>
Distance and direction from nearest town or city street address of well if located within city? <u>From US 44 SW 150th Ave, near Wellford, KS go S. on SW 150th Ave. to SW 60th St. go W. 2 mts. on SE corner</u>		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: <u>N 37° 33.391</u> Longitude: <u>W 99° 02.955</u> Elevation: <u>2058</u> Datum: _____ Data Collection Method: <u>GPS</u>		
2 WATER WELL OWNER: RR#, St. Address, Box # : _____ City, State, ZIP Code : _____				

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr><td>X</td><td></td><td></td><td></td></tr> <tr><td>--NW--</td><td>--NE--</td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td>--SW--</td><td>--SE--</td><td></td><td></td></tr> </table> S	X				--NW--	--NE--							--SW--	--SE--			4 DEPTH OF COMPLETED WELL <u>70</u> ft. Depth(s) Groundwater Encountered (1)..... <u>43</u> 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 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) <u>0 Monitoring well</u> Was a chemical/bacteriological sample submitted to Department? Yes <u>No</u>; If yes, mo/day/yr Sample was submitted..... Water well disinfected? Yes <u>No</u>
X																	
--NW--	--NE--																
--SW--	--SE--																

5 TYPE OF CASING USED: 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) <u>2 PVC</u> 4 ABS 7 Fiberglass Blank casing diameter <u>2</u> in. to <u>50</u> ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface..... <u>30</u> in., Weight..... <u>.72</u> lbs./ft. Wall thickness or gauge No. <u>Sch 40</u>	CASING JOINTS: Glued..... Clamped..... Welded..... <u>Threaded</u>	TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass <u>7 PVC</u> 9 ABS 11 Other (Specify) 2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot <u>3 Mill slot</u> 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)
SCREEN-PERFORATED INTERVALS: From..... <u>50</u> ft. to <u>70</u> ft., From ft. to ft. From..... <u>48</u> ft. to <u>70</u> ft., From ft. to ft. GRAVEL PACK INTERVALS: From..... <u>48</u> ft. to <u>70</u> ft., From ft. to ft. From..... ft. to ft., From ft. to ft.		

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other Grout Intervals: From <u>3</u> ft. to <u>48</u> ft., From ft. to ft., From ft. to ft.	What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage <u>16 Other (specify below)</u> 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well <u>Ammonia Line</u> Direction from well? <u>North</u> How many feet? <u>70</u>
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FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	DK. Brown - Silt			
2	4	Lt. Brown - Silty loam			
4	8	Lt. Brown - Sand loam			
8	32	Lt. Brown - Sand			
32	70	Lt. Brown - sandy Clayey Sand			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 5/14/09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 676 This Water Well Record was completed on (mo/day/year) 6/1/09 under the business name of Whitetail Drilling, LLC by (signature) And Bas

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at <http://www.kdhe.state.ks.us/geo/waterwells>.