

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

1 LOCATION OF WATER WELL: County: Clay	Fraction $\frac{1}{4}$ NE $\frac{1}{4}$ SE $\frac{1}{4}$ SW $\frac{1}{4}$	Section Number 17	Township No. T 10 S	Range Number R 2 <input checked="" type="checkbox"/> E <input type="checkbox"/> W
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> .		Global Positioning System (GPS) information: Latitude: (in decimal degrees) Longitude: (in decimal degrees) Elevation: Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27 Collection Method: <input type="checkbox"/> GPS unit (Make/Model:) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m		
2 WATER WELL OWNER: Don VonScoyc RR#, Street Address, Box #: 875 4th Rd. City, State, ZIP Code : Longford, KS 67458				

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 **49** ft.

Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.

WELL'S STATIC WATER LEVEL... **7**..... ft. below land surface measured on mo/day/yr. **3/27/12**.....

Pump test data: Well water was..... ft. after..... hours pumping..... gpm

EST. YIELD. **75**..... gpm. Well water was..... ft. after..... hours pumping..... gpm

Bore Hole Diameter... **12**..... in. to **49**..... 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 **Stock**.....

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 **8**..... in. to **39**..... ft., Diameter in. to ft., Diameter in. to ft.

Casing height above land surface... **12**..... in., Weight ... **5.27**..... lbs./ft., Wall thickness or gauge No. **332**.....

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... **39**..... ft. to **49**..... ft., From ft. to ft.
 From..... ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From..... ft. to 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 **25**..... 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 **None with in 1/4 mile**..... distance from well

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	Top Soil			
2	8	Clay, TAN			
8	42	Clay, GRAY			
42	44	Clay, GRAY - SANDY			
44	46	SAND, FINE			
46	47	CAVITY - SMALL VEIN			
47	50	Limestone			

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) **3-27-12**..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **138**..... This Water Well Record was completed on (mo/day/year) **4-16-12**..... under the business name of **Pat & Susan IRE 19410**..... by (signature) **Mike Belius**.....

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>.

Original Returned to Sender