

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: <u>Geary</u>		Fraction <u>SE 1/4 NE 1/4 NW 1/4</u>	Section Number <u>20</u>	Township Number T <u>10</u> S	Range Number R <u>5</u> W															
Distance and direction from nearest town or city street address of well if located within city? <u>1/2 E of Milford</u>			Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____																	
2 WATER WELL OWNER: RR#, St. Address, Box # : <u>Greg Shandy</u> City, State, ZIP Code : <u>3812 Shandy Lane</u> <u>Milford, KS 66514</u>																				
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></td><td></td><td></td></tr><tr><td>-- NW --</td><td>X</td><td>-- NE --</td></tr><tr><td></td><td></td><td></td></tr><tr><td>-- SW --</td><td></td><td>-- SE --</td></tr><tr><td></td><td></td><td></td></tr></table> S				-- NW --	X	-- NE --				-- SW --		-- SE --				4 DEPTH OF COMPLETED WELL <u>140</u> 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. <u>2-13-09</u> 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) <u>Test Hole #1</u> 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes No <u> </u> ; If yes, mo/day/yr Sample was submitted..... Water well disinfected? Yes <u>X</u> No				
-- NW --	X	-- NE --																		
-- SW --		-- SE --																		
5 TYPE OF CASING USED: 1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued..... Clamped..... 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded..... 7 Fiberglass Threaded..... Blank casing diameter in. to ft., Diameter. in. to ft., Diameter in. to ft. Casing height above land surface..... in., Weight lbs./ft. Wall thickness or gauge No. TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 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 3 Mill slot 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..... ft. to ft., From..... ft. to ft. GRAVEL PACK INTERVALS: 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 ft. to 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 16 Other (specify below) 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 Direction from well? How many feet? <u>Open Field</u>																				
FROM TO LITHOLOGIC LOG			FROM TO PLUGGING INTERVALS																	
0	2	Top soil	60	62	Tan limestone															
2	9	brown clay	62	65	grey shale															
9	12	burnt orange clay	65	68	Tan limestone															
12	18	red shale	68	71	Loose yellow limestone															
18	21	yellow shale	71	72	Tan limestone															
21	27	red shale	72	78	grey limestone															
27	32	tan shale	78	79	yellow limestone															
32	53	yellow limestone	79	140	Grey limestone															
53	58	Grey shale																		
58	60	yellow limestone																		
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) .. <u>2-13-09</u> .. and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>182</u> This Water Well Record was completed on (mo/day/year) <u>2-16-09</u> .. under the business name of <u>Strader Drilling Co Inc</u> by (signature) <u>Jim Strader</u>																				
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.kdheks.gov/waterwell/index.html .																				