

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources App. No.  

<b>1 LOCATION OF WATER WELL:</b> County: <u>Leavenworth</u> Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input checked="" type="checkbox"/>	Fraction <u>1/4 NW 1/4 SW 1/4 NW 1/4</u>	Section Number <u>26</u>	Township No. <u>T 11 S</u>	Range Number <u>R 20 E</u>
<b>2 WATER WELL OWNER:</b> <u>Steve Smith</u> RR#, Street Address, Box #: <u>25172 Dehoff Dr.</u> City, State, ZIP Code: <u>Tonganoxie, KS 66086</u>		<b>Global Positioning System (GPS) information:</b> 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		

**3 LOCATE WELL WITH AN "X" IN SECTION BOX:**

N

W	NW	NE	E
	*		
	SW	SE	
	S		

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

**4 DEPTH OF COMPLETED WELL** 180 ft. 4-180' Bore

Depth(s) Groundwater Encountered (1) NONE ft. (2) ..... ft. (3) ..... ft.  
 WELL'S STATIC WATER LEVEL NONE 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  
 Bore Hole Diameter 6 in. to 180' 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 Close Loop  
 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 H.D. Polyethylene  
 CASING JOINTS:  Glued  Clamped  Welded  Threaded  
 Casing diameter 3/4 in. to 180 ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
 Casing height above land surface 36 in., Weight 5.22.11 lbs./ft., Wall thickness or gauge No. 160.85.1  
 TYPE OF SCREEN OR PERFORATION MATERIAL:  
 Steel  Stainless Steel  PVC N/A  Other (Specify) .....  
 Brass  Galvanized Steel  None used (open hole)  
 SCREEN OR PERFORATION OPENINGS ARE: N/A  
 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 ..... ft. to ..... ft., From ..... ft. to ..... ft.  
 GRAVEL PACK INTERVALS: From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**6 GROUT MATERIAL:**  Neat cement  Cement grout  Bentonite  Other .....  
 Grout Intervals: From 180 ft. to 3 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 S Distance from well 100 ft.

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	10	Soil & clay			
10	38	sandstone			
38	93	Shale			4-180' bore plugged
93	97	Limestone			
97	109	Shale	180	3	High solids Bentonite
109	141	Sandstone			
141	180	Shale Total Depth			

**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) 6-7-10 and this record is true to the best of my knowledge and belief.  
 Kansas Water Well Contractor's License No. 5-6-10 This Water Well Record was completed on (mo/day/year) 6-10-10  
 under the business name of Eva Energy Services Inc. by (signature) [Signature]

**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 785-296-5522. 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>.