

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources: App. No.  

<b>1 LOCATION OF WATER WELL:</b>	Fraction	Section Number	Township Number	Range Number
County: <b>Dickinson</b>	<b>SE 1/4 SE 1/4 SW 1/4</b>	<b>9</b>	<b>T 13 S</b>	<b>R 2 E</b>

Distance and direction from nearest town or city street address of well if located within city? **14<sup>th</sup> & Buckeye, Abilene, KS** **Global Positioning System** (decimal degrees, min. of 4 digits)

<b>2 WATER WELL OWNER:</b> <b>Green's Cowboy Corner c/o Craig Dodd</b>	Latitude: <b>N 38.93031°</b>
RR#, St. Address, Box # : <b>PO Box 189</b>	Longitude: <b>W 97.21417°</b>
City, State, ZIP Code : <b>Abilene, KS 67410</b>	Elevation: <b>RIM: 1197.56; TOC: 1197.27</b>
	Datum: <b>above mean sea level</b>
	Data Collection Method: <b>legal survey</b>

<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>	<b>4 DEPTH OF COMPLETED WELL 20 ft.</b>
	Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL <b>13.64</b> ft. below land surface measured on mo/day/yr <b>12/28/09</b> 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 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) <b>10 Monitoring well</b>
	Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> ; If yes, mo/day/yr Sample was submitted _____ Water Well Disinfected? Yes _____ No <b>X</b>

<b>5 TYPE OF CASING USED:</b>	5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below) _____ Welded _____
<b>2 PVC</b>	4 ABS	7 Fiberglass	_____ Threaded <b>X</b>
Blank casing diameter <b>2</b> in. to <b>10</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.	Casing height below land surface <b>0.29</b> ft., Weight _____ lbs./ft. Wall thickness or gauge No. _____		

<b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>			
1 Steel	3 Stainless steel	5 Fiberglass	<b>7 PVC</b>
2 Brass	4 Galvanized steel	6 Concrete tile	8 RM (SR)
SCREEN OR PERFORATION OPENINGS ARE:		9 ABS	11 Other (specify) _____
1 Continuous slot	<b>3 Mill slot</b>	5 Gauze wrapped	7 Torch cut
2 Louvered shutter	4 Key punched	6 Wire wrapped	8 Saw Cut
SCREEN-PERFORATED INTERVALS:		9 Drilled holes	11 None (open hole)
From <b>10</b> ft. to <b>20</b> ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS:		10 Asbestos-Cement	12 None used (open hole)
From <b>8</b> ft. to <b>20</b> ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.

<b>6 GROUT MATERIAL:</b>			
1 Neat cement	2 Cement grout	<b>3 Bentonite</b>	<b>4 Other Concrete: 0-2ft</b>
Grout Intervals From <b>2</b> ft. to <b>8</b> ft.	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
2 Sewer lines	5 Cess pool	8 Sewage lagoon	<b>11 Fuel storage</b>
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage
Direction from well? <b>SW</b>		How many feet? <b>~40 ft</b>	

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Concrete			
1	6	Red brown silty clay, mod. plasticity			
6	11	Red brown medium to coarse sand, some fine gravel			
11	15	Tan, medium to coarse sand with concrete gravel			
15	15.5	Limestone seam			
15.5	18	Tan, medium to coarse sand with concrete gravel			
18	20	Gray shale			
<b>Flushmount waiver from BOW</b>					

**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) **12/8/09** and this record is true to the best of my knowledge and belief.

Kansas Water Well Contractor's License No. **757** This Water Well Record was completed on (mo/day/year) **12/31/09** under the business name of **Larsen & Associates, Inc.** by (signature) *[Signature]*

**INSTRUCTIONS:** Please fill in blanks 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>.

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