

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: <u>Dickinson</u>	Fraction: <u>NW 1/4 NW 1/4 SW 1/4</u>	Section Number: <u>14</u>	Township Number: <u>T 13 S</u>	Range Number: <u>R 3 E</u>
Distance and direction from nearest town or city street address of well if located within city? <u>To 2300 Ave G East to Chapman Lake Trail Rd south to Union Rd & 60 South of Mill</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 # City, State, ZIP Code		John Chapman Lisa Browns Chapman <u>2240 Union Rd.</u> <u>Chapman KS 67431</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> </td><td>-- NE --</td></tr> <tr><td>X</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 --		-- NE --	X			-- SW --		-- SE --				4 DEPTH OF COMPLETED WELL <u>130</u> ft. Depth(s) Groundwater Encountered (1) <u>93</u> ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL <u>80</u> ft. below land surface measured on mo/day/yr. _____ Pump test data: Well water was _____ ft. after _____ hours pumping. _____ gpm Est. Yield <u>207</u> gpm: Well water was _____ ft. after _____ hours pumping. _____ gpm WELL WATER TO BE USED AS: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 11 Injection well <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Domestic (lawn & garden) <input type="checkbox"/> 10 Monitoring well _____ Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> ; If yes, mo/day/yr Sample was submitted _____ Water well disinfected? Yes <input checked="" type="checkbox"/> No _____
-- NW --		-- NE --														
X																
-- SW --		-- SE --														

5 TYPE OF CASING USED: 1 Steel <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> <u>2 PVC</u> <input checked="" type="checkbox"/> 4 ABS <input type="checkbox"/> Blank casing diameter <u>5"</u> in. to <u>180</u> ft., Diameter _____ in. to _____ ft. Casing height above land surface <u>21</u> in., Weight <u>sch. 40</u> lbs./ft. Wall thickness or guage No. _____	5 Wrought Iron <input type="checkbox"/> 8 Concrete tile <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 9 Other (specify below) _____ 7 Fiberglass _____	CASING JOINTS: <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped _____ <input type="checkbox"/> Welded _____ <input type="checkbox"/> Threaded _____
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel <input type="checkbox"/> 3 Stainless Steel <input type="checkbox"/> 5 Fiberglass <input type="checkbox"/> <u>7 PVC</u> <input checked="" type="checkbox"/> 9 ABS <input type="checkbox"/> 11 Other (Specify) _____ 2 Brass <input type="checkbox"/> 4 Galvanized Steel <input type="checkbox"/> 6 Concrete tile <input type="checkbox"/> 8 RM (SR) <input type="checkbox"/> 10 Asbestos-Cement <input type="checkbox"/> 12 None used (open hole)		
SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot <input type="checkbox"/> <u>4 Mill slot</u> <input checked="" type="checkbox"/> 5 Gauzed wrapped <input type="checkbox"/> 7 Torch cut <input type="checkbox"/> 9 Drilled holes <input type="checkbox"/> 11 None (open hole) 2 Louvered shutter <input type="checkbox"/> 4 Key punched <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 8 Saw cut <input type="checkbox"/> 10 Other (specify) _____		
SCREEN-PERFORATED INTERVALS: From <u>110</u> ft. to <u>130</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.		
GRAVEL PACK INTERVALS: From <u>25</u> ft. to <u>130</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.		

6 GROUT MATERIAL: 1 Neat cement <input type="checkbox"/> 2 Cement grout <input type="checkbox"/> <u>3 Bentonite</u> <input checked="" type="checkbox"/> 4 Other _____ Grout Intervals: From <u>5</u> ft. to <u>25</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.	What is the nearest source of possible contamination: 1 Septic tank <input type="checkbox"/> <u>4 Lateral lines</u> <input checked="" type="checkbox"/> 7 Pit privy <input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 13 Insecticide storage <input type="checkbox"/> 16 Other (specify below) 2 Sewer lines <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 14 Abandoned water well _____ 3 Watertight sewer lines <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 15 Oil well/gas well _____ Direction from well? <u>South East</u> How many feet? <u>100'</u>
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FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Top Soil	121	130	Gray Shale
1	8	Brown Clay			
8	11	yellow shale			
11	16	Limestone			
16	28	yellow shale			
28	34	Limestone			
34	41	yellow shale			
41	46	Brown shale			
46	93	yellow shale			
93	121	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) 9/15/2009 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 451 This Water Well Record was completed on (mo/day/year) 9/21/2009 under the business name of Halkner Well Drilling by (signature) Gregory H. Halkner

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>.