

**WATER WELL RECORD**

Form WWC-5

Division of Water Resources; App. No.  

<b>1 LOCATION OF WATER WELL:</b> County: Morris	Fraction NW $\frac{1}{4}$ NE $\frac{1}{4}$ NW $\frac{1}{4}$	Section Number 35	Township Number T 14 S	Range Number R 6 <b>(E)W</b>
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Distance and direction from nearest town or city street address of well if located within city?  
NE corner of Adolf & MacKenzie streets within the city limits of White City

**Global Positioning Systems (decimal degrees, min. of 4 digits)**  
 Latitude: \_\_\_\_\_  
 Longitude: \_\_\_\_\_  
 Elevation: \_\_\_\_\_  
 Datum: \_\_\_\_\_  
 Data Collection Method: \_\_\_\_\_

**2 WATER WELL OWNER:** Dwight Fuel Service  
 RR#, St. Address, Box # Adolph & McKenzie  
 City, State, ZIP Code White City, KS 66872

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

N

W			E
--NW--			
--SW--			--SE--
S			

**4 DEPTH OF COMPLETED WELL** 106 ft.

Depth(s) Groundwater Encountered (1) \_\_\_\_\_ ft. (2) \_\_\_\_\_ ft. (3) \_\_\_\_\_ ft.  
**WELL'S STATIC WATER LEVEL** 84 ft. below land surface measured on mo/day/yr 6/5/08

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)  
 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) **10** Monitoring well

Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No **X** If yes, mo/day/yrs \_\_\_\_\_  
 Sample was submitted \_\_\_\_\_ Water well disinfected? Yes \_\_\_\_\_ No **X**

**5 TYPE OF CASING USED:**

1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	<b>CASING JOINTS:</b> Glued _____ Clamped _____
<b>2</b> PVC	4 ABS	7 Fiberglass		Welded _____
				Threaded <b>Yes</b>

Blank casing diameter 1 \_\_\_\_\_ in. to 98 \_\_\_\_\_ ft., Diameter \_\_\_\_\_ in. to \_\_\_\_\_ ft., Diameter \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface 3 ft \_\_\_\_\_ in., Weight **SCH 40** \_\_\_\_\_ lbs./ft. Wall thickness or guage No. \_\_\_\_\_

**TYPE OF SCREEN OR PERFORATION MATERIAL:**

1 Steel	3 Stainless Steel	5 Fiberglass	<b>2</b> 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	<b>3</b> Mill slot	5 Guazed 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 105 \_\_\_\_\_ ft. to 95 \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**GRAVEL PACK INTERVALS:** From 105 \_\_\_\_\_ ft. to 93 \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**6 GROUT MATERIAL:** 1 Neat cement 2 Cement grout 3 Bentonite 4 Other \_\_\_\_\_

Grout Intervals: From 93 \_\_\_\_\_ ft. to 0 \_\_\_\_\_ 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	<b>11</b> 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? \_\_\_\_\_

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	15	Fill	83	106	Limestone gray tan and yellow
15	20	Limestone, tan			
20	28	Shale, tan			
28	38	Limestone, tan			
38	41	Clay, gray, hi plast			
41	60	Shale, greenish brown			
60	65	Limestone tan			OE-3
65	72	Shale brown			
72	82	Limestone tan & gray			
82	83	Shale - gray			

**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) 6/5/08 and this record is true to the best of my knowledge and belief.  
 Kansas Water Well Contractor's License No. 665 This Water Well Record was completed on (mo/day/year) 7/7/08  
 under the business name of Pratt Well Service, Inc. by (signature) *[Signature]*

**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, 1 000 SW Jackson St., Suite 420, Topeka, Kansas 66612- 1 367. 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.kdhe.state.ks.us/geo/waterwells>.