

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

1 LOCATION OF WATER WELL: County: <u>Franklin</u>	Fraction <u>SE 1/4 SE NE 1/4 SE 1/4</u>	Section Number <u>9</u>	Township No. <u>T 17 S</u>	Range Number <u>R 18 E</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/>		Global Positioning System (GPS) information: Latitude: <u>38° 25' 5" N</u> (in decimal degrees) Longitude: <u>95° 24' 56" W</u> (in decimal degrees) Elevation: <u>940</u> 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: <u>I phone 7</u>) <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		
2 WATER WELL OWNER: RR#, Street Address, Box #: <u>RWD # 4 Franklin Co. 1506 old Hwy 50</u> City, State, ZIP Code: <u>Williamburg, Ks 66095</u>				

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

N

NW	NE
SW	SE

S

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

4 DEPTH OF COMPLETED WELL 162 ft.

Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft.

WELL'S STATIC WATER LEVEL 23 ft. below land surface measured on mo/day/yr 9-12-19

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 _____ in. to _____ 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 Test Hole

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 _____

CASING JOINTS: Glued Clamped Welded Threaded

Casing diameter 2" in. to _____ ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.

Casing height above land surface Below 4 ft. in., Weight _____ lbs./ft., Wall thickness or gauge No. _____

TYPE OF SCREEN OR PERFORATION MATERIAL:

Steel Stainless Steel PVC Other (Specify) _____

Brass Galvanized Steel None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

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 162 ft. to 4 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 EAST Distance from well 55'

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
		<u>162 - 4 Bentonite Hole plug</u>			
		<u>4 - 0 TOP Soil</u>			

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) 9-12-19 and this record is true to the best of my knowledge and belief.

Kansas Water Well Contractor's License No. 538 This Water Well Record was completed on (mo/day/year) _____ under the business name of Patchen Pump & Well Pulling, Inc. by (signature) Tom Patchen

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 785-296-5524. 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>.