

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

| 1 LOCATION OF WATER WELL: County: <u>Morris</u> Distance and direction from nearest town or city street address of well if located within city? <u>7 Mile East & 1 1/2 mile South of Burdick</u> | | Fraction <u>NW 1/4 SW 1/4 NE 1/4</u> Section Number <u>36</u> Township Number <u>T 17 S</u> Range Number <u>R 6 E/W</u> | | Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 2 WATER WELL OWNER: RR#, St. Address, Box # : <u>3363 South 2050 Rd</u> City, State, ZIP Code : <u>Burdick, KS 66838</u> | | 4 DEPTH OF COMPLETED WELL <u>4.5</u> ft. Depth(s) Groundwater Encountered (1)..... <u>1.5</u> ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL..... <u>12</u> ft. below land surface measured on mo/day/yr. <u>Sep 16/09</u> Pump test data: Well water was.....ft. after..... hours pumping..... gpm Est. Yield..... <u>7</u> 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 <u>1 Domestic</u> 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 <u>X</u>; If yes, mo/day/yr Sample was submitted..... Water well disinfected? Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;">N</div> <table border="1" style="margin: auto; border-collapse: collapse; text-align: center;"> <tr> <td style="padding: 5px;">NW</td> <td style="padding: 5px;">NE</td> </tr> <tr> <td style="padding: 5px;">SW</td> <td style="padding: 5px;">SE</td> </tr> </table> <div style="text-align: center;">S</div> | | | | | | NW | NE | SW | SE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NW | NE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SW | SE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 TYPE OF CASING USED: 1 <u>Steel</u> 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued..... <u>X</u> Clamped..... 2 <u>PVC</u> 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded..... 7 Fiberglass Threaded..... Blank casing diameter <u>5</u> in. to <u>1.5</u> ft., Diameter..... in. to ft., Diameter..... in. to ft. Casing height above land surface..... <u>18</u> in., Weight lbs./ft. Wall thickness or gauge No. <u>S.D.R. 26</u> TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass <u>7 PVC</u> 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 3 Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped <u>8 Saw Cut</u> 10 Other (specify) SCREEN-PERFORATED INTERVALS: From <u>1.5</u> ft. to <u>4.5</u> ft., From ft. to ft. From ft. to ft., From ft. to ft. GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft. From ft. to ft., From ft. to ft. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 GROUT MATERIAL: <u>1 Neat cement</u> 2 Cement grout 3 Bentonite 4 Other Grout Intervals: From <u>3</u> ft. to <u>14</u> 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 <u>8 Sewage lagoon</u> 11 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? <u>South</u> How many feet? <u>250</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">FROM</th> <th style="width: 10%;">TO</th> <th style="width: 40%;">LITHOLOGIC LOG</th> <th style="width: 10%;">FROM</th> <th style="width: 10%;">TO</th> <th style="width: 20%;">PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>5</td> <td>Top Soil</td> <td>33</td> <td>38</td> <td>Shale Blue Gray</td> </tr> <tr> <td>5</td> <td>7</td> <td>Shale Red</td> <td>38</td> <td>40</td> <td>Lime like TAN</td> </tr> <tr> <td>7</td> <td>9</td> <td>Aluvium</td> <td>40</td> <td>43</td> <td>Shale BIK</td> </tr> <tr> <td>9</td> <td>12</td> <td>LIME TAN</td> <td>43</td> <td>45</td> <td>LIME Gray</td> </tr> <tr> <td>12</td> <td>15</td> <td>Shale Gray</td> <td></td> <td></td> <td></td> </tr> <tr> <td>15</td> <td>17</td> <td>LIME Gray / crevice</td> <td></td> <td></td> <td></td> </tr> <tr> <td>17</td> <td>25</td> <td>Shale Gray</td> <td></td> <td></td> <td></td> </tr> <tr> <td>25</td> <td>29</td> <td>LIME Gray</td> <td></td> <td></td> <td></td> </tr> <tr> <td>29</td> <td>31</td> <td>Shale Gray</td> <td></td> <td></td> <td></td> </tr> <tr> <td>31</td> <td>33</td> <td>LIME like</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | | | | FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS | 0 | 5 | Top Soil | 33 | 38 | Shale Blue Gray | 5 | 7 | Shale Red | 38 | 40 | Lime like TAN | 7 | 9 | Aluvium | 40 | 43 | Shale BIK | 9 | 12 | LIME TAN | 43 | 45 | LIME Gray | 12 | 15 | Shale Gray | | | | 15 | 17 | LIME Gray / crevice | | | | 17 | 25 | Shale Gray | | | | 25 | 29 | LIME Gray | | | | 29 | 31 | Shale Gray | | | | 31 | 33 | LIME like | | | |
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| 12 | 15 | Shale Gray | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 17 | 25 | Shale Gray | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | 29 | LIME Gray | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 29 | 31 | Shale Gray | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 31 | 33 | LIME like | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>Sep 16/09</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>218</u> This Water Well Record was completed on (mo/day/year) <u>Sep 21/09</u> under the business name of <u>Zinn Water Well Drig</u> by (signature) <u>Joseph A. Zinn</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 <u>constructed</u> well. Visit us at http://www.kdheks.gov/waterwell/index.html . | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |