

## WATER WELL RECORD

## Form WWC-5

Division of Water Resources; App. No.  

<b>1 LOCATION OF WATER WELL:</b> County: <u>Morris</u>		Fraction <u>SW 1/4 SW 1/4 SW 1/4</u>	Section Number <u>10</u>	Township Number <u>T 17 S</u>	Range Number <u>R 9 EW</u>															
Distance and direction from nearest town or city street address of well if located within city? <u>2 mile West of NW Edge of Duxlap</u>			<b>Global Positioning Systems</b> (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____																	
<b>2 WATER WELL OWNER:</b> <u>Dustin Miller</u> RR#, St. Address, Box #: <u>2083 South 400 Rd</u> City, State, ZIP Code: <u>Council Grove, KS 66846</u>		<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> N <div style="display: flex; align-items: center; justify-content: center;"> <span style="margin-right: 5px;">W</span> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td>--NW--</td><td>--NE--</td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td>--SW--</td><td>--SE--</td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> <span style="margin-left: 5px;">E</span> </div> S							--NW--	--NE--					--SW--	--SE--				
--NW--	--NE--																			
--SW--	--SE--																			
<b>4 DEPTH OF COMPLETED WELL</b> ..... <u>60</u> ft.		Depth(s) Groundwater Encountered (1)..... <u>46</u> ..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL..... <u>30</u> ..... ft. below land surface measured on mo/day/yr <u>May 21-08</u> Pump test data: Well water was.....ft. after..... hours pumping..... gpm Est. Yield... <u>20</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 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 <u>X</u> .....; If yes, mo/day/yr Sample was submitted..... Water well disinfected? Yes <u>X</u> ..... No .....																		
<b>5 TYPE OF CASING USED:</b> 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued <u>X</u> ..... Clamped..... 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded..... <u>2 PVC</u> 4 ABS 7 Fiberglass ..... Threaded..... Blank casing diameter ..... <u>5</u> in. to ..... <u>30</u> ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft. Casing height above land surface..... <u>15</u> in., Weight ..... lbs./ft. Wall thickness or gauge No. <u>SDR-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>30</u> ..... ft. to ..... <u>60</u> ..... ft., From ..... ft. to ..... ft. GRAVEL PACK INTERVALS: From..... <u>NONE</u> ..... ft. to ..... ft., From ..... ft. to ..... ft. From..... ft. to ..... ft., From ..... ft. to ..... ft.																				
<b>6 GROUT MATERIAL:</b> <u>1 Neat cement</u> 2 Cement grout 3 Bentonite 4 Other ..... Grout Intervals: From..... <u>3</u> ..... ft. to ..... <u>24</u> ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft. What is the nearest source of possible contamination: 1 Septic tank <u>4 Lateral lines</u> 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify below) 2 Sewer lines 5 Cess pool 8 Sewage lagoon 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>EAST</u> ..... How many feet? ..... <u>100</u> .....																				
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS															
0	2	Topsoil Bk	38	46	Shale Dk Gray															
2	3	Aluvium	46	52	LIME Gray															
3	10	Shale-Gray	52	60	Shale-DARK Gray															
10	22	LIME-TAN																		
22	23	Shale Lite Gray																		
23	28	LIME-Gray																		
28	30	Shale-Grn-Calcareous																		
30	35	LIME Gray																		
35	36	Shale Gray																		
36	38	LIME TAN																		
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) <u>constructed</u> (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>May 21-08</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>210</u> ..... This Water Well Record was completed on (mo/day/year) <u>MAY 24-08</u> ..... under the business name of <u>Zinn Water Well Drlg</u> by (signature) <u>Joseph A. Zinn</u>																				
<b>INSTRUCTIONS:</b> 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 <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> .																				