

## WATER WELL RECORD

## Form WWC-5

Division of Water Resources App. No. 

<b>1 LOCATION OF WATER WELL:</b> County: <u>Harvey</u> Fraction <u>Sec 1/4 SW 1/4 NW 1/4</u> Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input checked="" type="checkbox"/> .		Section Number <u>33</u> Township No. <u>T 23 S</u> Range Number <u>R 1 E</u> <input checked="" type="checkbox"/> <input type="checkbox"/> W	
<b>2 WATER WELL OWNER:</b> <u>Joe Smiley</u> RR#, Street Address, Box #: <u>608 Autumn Glen Pkwy</u> City, State, ZIP Code: <u>Newton, KS</u>		<b>Global Positioning System (GPS) information:</b> Latitude: ..... (in decimal degrees) Longitude: ..... (in decimal degrees) Elevation: ..... 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: .....) <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	

  

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

N

W			E
	-- NW --	-- NE --	
	-- SW --	-- SE --	
	X		

S

|-----1 mile-----|

**4 DEPTH OF COMPLETED WELL** 80 ..... ft.  
 Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.  
 WELL'S STATIC WATER LEVEL 22 ..... ft. below land surface measured on mo/day/yr.....  
 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 13 ..... 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 .....  
 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 5 ..... in. to 80 ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
 Casing height above land surface 16 ..... in., Weight 160 ..... lbs./ft., Wall thickness or gauge No. 26 .....  
**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 30 ..... ft. to 80 ..... ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
**GRAVEL PACK INTERVALS:** From 25 ..... ft. to 80 ..... ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.

  

**6 GROUT MATERIAL:** ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other .....  
 Grout Intervals: From 4 ..... ft. to 24 ..... 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 North ..... Distance from well 105' .....

  

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	Top Soil			
2	22	Clay			
22	27	med sand			
27	80	Shale			

  

**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) 6/21/11 ..... and this record is true to the best of my knowledge and belief.  
 Kansas Water Well Contractor's License No. 611 ..... This Water Well Record was completed on (mo/day/year) 7/11/11 .....  
 under the business name of Chase Drilling ..... by (signature) D. Chase .....  
**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>.