

## WATER WELL RECORD

## Form WWC-5

### Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: <u>Butler</u>		Fraction <u>SE 1/4 NE 1/4</u>	Section Number <u>9</u>	Township Number <u>T 25 S</u>	Range Number <u>R 6 E</u>		
Distance and direction from nearest town or city street address of well if located within city?  <u>N/A</u>		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: <u>37.89114</u> Longitude: <u>96.76795</u> Elevation: <u>1357</u> Datum: <u>663 84</u> Data Collection Method: <u>Hand Held GPS</u>					
2 WATER WELL OWNER: RR#, St. Address, Box # : <u>John Bailey</u> City, State, ZIP Code : <u>4606 Cole Creek Rd El Dorado KS</u>							
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  		4 DEPTH OF COMPLETED WELL ..... <u>190</u> ..... ft.					
		Depth(s) Groundwater Encountered (1) ..... ft. (2) ..... ft. (3) ..... ft. WELL'S STATIC WATER LEVEL ..... 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 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 <input checked="" type="checkbox"/> Other (Specify below) <u>Ground Source</u> 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well					
		Was a chemical/bacteriological sample submitted to Department? Yes ..... No <input checked="" type="checkbox"/> ; If yes, mo/day/yr Sample was submitted ..... Water well disinfected? Yes ..... No <input checked="" type="checkbox"/>					
5 TYPE OF CASING USED:		5 Wrought Iron 1 Steel 3 RMP (SR) 2 PVC 4 ABS	8 Concrete tile 6 Asbestos-Cement 7 Fiberglass	CASING JOINTS: Glued ..... Clamped ..... <input checked="" type="checkbox"/> Welded ..... Threaded ..... <u>H.D.P.E</u>			
Blank casing diameter <u>34</u> in. to <u>190</u> ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.		Casing height ..... land surface ..... <u>48</u> in., Weight ..... lbs./ft. Wall thickness or guage No. <u>SDR 11</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:		1 Steel 3 Stainless Steel 5 Fiberglass 2 Brass 4 Galvanized Steel 6 Concrete tile	7 PVC 8 RM (SR)	9 ABS 10 Asbestos-Cement	11 Other (Specify) ..... 12 None used (open hole)		
SCREEN OR PERFORATION OPENINGS ARE:		1 Continuous slot 3 Mill slot 5 Gauzed wrapped 2 Louvered shutter 4 Key punched 6 Wire wrapped	7 Torch cut 8 Saw Cut	9 Drilled holes 10 Other (specify) .....	11 None (open hole) 12 None used (open hole)		
SCREEN-PERFORATED INTERVALS: From ..... ft. to ..... 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: 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> Bentonite 4 Other ..... Grout Intervals: From ..... ft. to ..... 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 2 Sewer lines 5 Cess pool 8 Sewage lagoon 3 Watertight sewer lines 6 Seepage pit 9 Feedyard		10 Livestock pens 13 Insecticide Storage 16 Other (specify below) 11 Fuel storage 14 Abandoned water well ..... 12 Fertilizer Storage 15 Oil well/gas well <u>House</u>					
Direction from well? <u>North</u>		How many feet? <u>35</u>					
FROM	TO	LITHOLOGIC LOG		FROM	TO	PLUGGING INTERVALS	
<u>0</u>	<u>6</u>	<u>top soil</u>					
<u>6</u>	<u>8</u>	<u>Limestone weathered</u>					
<u>8</u>	<u>110</u>	<u>44 Shale</u>					
<u>110</u>	<u>115</u>	<u>Limestone</u>					
<u>115</u>	<u>178</u>	<u>Shale Gray</u>					
<u>178</u>	<u>180</u>	<u>Lime Sawn</u>					
<u>180</u>	<u>200</u>	<u>Gray Shale</u>					
						<u>Gravel contact</u>	
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) <u>6/25/08</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>1045</u> This Water Well Record was completed on (mo/day/year) <u>7/7/08</u> under the business name of <u>Associated Drilling Inc</u> by (signature) <u>John Bailey</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 constructed well. Visit us at <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a>							

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