

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: Seagoville Fraction: NW 1/4 NE 1/4 SE 1/4 Section Number: 11 Township Number: T 27 S Range Number: R 27 E

Distance and direction from nearest town or city street address of well if located within city? 1410 Summerfield Circle

2 WATER WELL OWNER: RR#, St. Address, Box #: Renollet Const. City, State, ZIP Code: _____

Global Positioning Systems (decimal degrees, min. of 4 digits)
 Latitude: _____
 Longitude: _____
 Elevation: _____
 Datum: _____
 Data Collection Method: _____

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N	
--NW--	--NE--
	X
--SW--	--SE--
S	

4 DEPTH OF COMPLETED WELL ft. 90

Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.
 WELL'S STATIC WATER LEVEL 24..... ft. below land surface measured on mo/day/yr.....
 Pump test data: Well water was.....ft. after..... hours pumping..... gpm
 Est. Yield 25 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 X; If yes, mo/day/yr
 Sample was submitted..... Water well disinfected? Yes X No

5 TYPE OF CASING USED: 1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued X Clamped.....
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded.....
 7 Fiberglass Threaded.....

Blank casing diameter in. to 30..... ft., Diameter in. to ft., Diameter in. to ft.
 Casing height above land surface..... in., Weight..... 240 lbs./ft. Wall thickness or gauge No. 160 psi

TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 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 Guazed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)
 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)

SCREEN-PERFORATED INTERVALS: From 30..... ft. to 90..... ft., From ft. to ft.
 From ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From 24..... ft. to 90..... ft., From ft. to ft.
 From ft. to ft., From ft. to ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other

Grout Intervals: From 3..... ft. to 24..... 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
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well below)
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well

Direction from well? South How many feet? 18

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	topsoil			
1	20	clay			
20	70	limestone			
70	80	shale			
80	90	gypsum rock			

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) 3/28/06 and this record is true to the best of my knowledge and belief.

Kansas Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/year) _____
 under the business name of Winniger Drilling by (signature) Michael Gore

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 <http://www.kdhe.state.ks.us/geo/waterwells>.

CO.