

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Butler		<u>SW 1/4 SW 1/4 SW 1/4</u>	23	T 27 S	R 3 E
Distance and direction from nearest town or city street address of well if located within city? 1104 W Harry			Global Positioning System (decimal degrees, min. of 4 digits)		
2 WATER WELL OWNER: Ron Smith and Co.			Latitude: _____		
RR#, St. Address, Box # : P.O. Box 758			Longitude: _____		
City, State, ZIP Code : Andover, KS 67002			Elevation: _____		
			Datum: _____		
			Data Collection Method: _____		

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 56 ft.															
<div style="text-align: center;">N</div> <table border="1"> <tr> <td>X</td> <td>NW</td> <td>NE</td> </tr> <tr> <td>W</td> <td></td> <td>E</td> </tr> <tr> <td></td> <td>SW</td> <td>SE</td> </tr> <tr> <td></td> <td>X</td> <td></td> </tr> </table> <div style="text-align: center;">S</div>		X	NW	NE	W		E		SW	SE		X		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 35 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 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well			
X	NW	NE															
W		E															
	SW	SE															
	X																
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 _____																	

5 TYPE OF CASING USED:		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)	
<u>2</u> PVC		4 ABS		7 Fiberglass		Welded	
						Threaded	
Blank casing diameter		5 in. to 46 ft., Dia		in. to _____ ft., Dia		in. to _____ ft.	
Casing height above land surface		12 in., Weight		2.40 lbs./ft.		Wall thickness or gauge No. 160psi	

TYPE OF SCREEN OR PERFORATION MATERIAL:			
1 Steel	3 Stainless steel	5 Fiberglass	<u>7</u> PVC
2 Brass	4 Galvanized steel	6 Concrete tile	8 RM (SR)
9 ABS 11 Other (specify) _____			
10 Asbestos-Cement 12 None used (open hole)			
SCREEN OR PERFORATION OPENINGS ARE:			
1 Continuous slot	<u>3</u> Mill slot	5 Guaze wrapped	7 Torch cut
2 Louvered shutter	4 Key punched	6 Wire wrapped	8 Saw Cut
9 Drilled holes 11 None (open hole)			
10 Other (specify) _____			
SCREEN-PERFORATED INTERVALS:		From _____ ft. to _____ ft.	
		From _____ ft. to _____ ft.	
GRAVEL PACK INTERVALS:		From _____ ft. to _____ ft.	
		From _____ ft. to _____ ft.	

6 GROUT MATERIAL:		1 Neat cement		2 Cement grout		<u>3</u> Bentonite		4 Other _____	
Grout Intervals		From 3 ft. to 24 ft.		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	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					
<u>3</u> Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage	15 Oil well/ gas well					
Direction from well? _____			How many feet? _____						

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Top Soil			
3	18	Clay			
18	27	Limestone			
27	56	Blue Shale			

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) 11-17-2006 and this record is true to the best of my knowledge and belief.

Kansas Water Well Contractor's License No. 740 This Water Well Record was completed on (mo/day/year) 12-06-2006

under the business name of Weninger Drilling Inc. by (signature) [Signature]

INSTRUCTIONS: Please fill in blanks 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.kdheks.gov/waterwell>.