

# WATER WELL RECORD

## Form WWC-5

Division of Water Resources; App. No. \_\_\_\_\_

<b>1 LOCATION OF WATER WELL:</b> County: <u>Bulter</u> Distance and direction from nearest town or city, street address of well if located within city? <u>1004 Lakecrest Dr</u>		Fraction <u>NW 1/4 SE 1/4 SW 1/4</u>		Section Number <u>17</u>		Township Number <u>T 27 S</u>		Range Number <u>R 30 W</u>	
<b>2 WATER WELL OWNER:</b> RR#, St. Address, Box # : <u>1004 Lakecrest Dr</u> City, State, ZIP Code : <u>Andover, KS</u>		<b>Global Positioning Systems</b> (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____							
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> <div style="text-align: center;"> </div>		<b>4 DEPTH OF COMPLETED WELL</b> ..... <u>65</u> ..... ft.  Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL..... <u>2.4</u> ..... ft. below land surface measured on mo/day/yr. <u>9-26-07</u> 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 12 Other (Specify below) 2 Irrigation 4 Industrial <u>7 Domestic (lawn &amp; garden)</u> 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> <div style="display: flex; justify-content: space-between;"> <div>           1 Steel  <u>2 PVC</u>            3 RMP (SR)            4 ABS         </div> <div>           5 Wrought Iron            6 Asbestos-Cement            7 Fiberglass         </div> <div>           8 Concrete tile            9 Other (specify below)         </div> </div> CASING JOINTS: Glued <u>X</u> Clamped..... Welded..... Threaded..... Blank casing diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft. Casing height above land surface..... <u>16</u> ..... in., Weight <u>16.0</u> ..... lbs./ft. Wall thickness or gauge No. <u>26</u> <b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b> <div style="display: flex; justify-content: space-between;"> <div>           1 Steel            2 Brass         </div> <div>           3 Stainless Steel            4 Galvanized Steel         </div> <div>           5 Fiberglass            6 Concrete tile         </div> <div> <u>7 PVC</u>            8 RM (SR)         </div> <div>           9 ABS            10 Asbestos-Cement         </div> <div>           11 Other (Specify) .....            12 None used (open hole)         </div> </div> <b>SCREEN OR PERFORATION OPENINGS ARE:</b> <div style="display: flex; justify-content: space-between;"> <div>           1 Continuous slot            2 Louvered shutter         </div> <div> <u>3 Mill slot</u>            4 Key punched         </div> <div>           5 Gauzed wrapped            6 Wire wrapped         </div> <div>           7 Torch cut            8 Saw Cut         </div> <div>           9 Drilled holes            10 Other (specify) .....         </div> <div>           11 None (open hole)         </div> </div> <b>SCREEN-PERFORATED INTERVALS:</b> From <u>4.5</u> ..... ft. to <u>65</u> ..... ft., From ..... ft. to ..... ft. From ..... ft. to ..... ft., From ..... ft. to ..... ft. <b>GRAVEL PACK INTERVALS:</b> From <u>2.4</u> ..... ft. to <u>65</u> ..... ft., From ..... ft. to ..... ft. From ..... ft. to ..... ft., From ..... ft. to ..... ft.									
<b>6 GROUT MATERIAL:</b> 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other ..... Grout Intervals: From <u>4</u> ..... ft. to <u>24</u> ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft. What is the nearest source of possible contamination: <div style="display: flex; justify-content: space-between;"> <div>           1 Septic tank            2 Sewer lines  <u>3 Watertight sewer lines</u> </div> <div>           4 Lateral lines            5 Cess pool            6 Seepage pit         </div> <div>           7 Pit privy            8 Sewage lagoon            9 Feedyard         </div> <div>           10 Livestock pens            11 Fuel storage            12 Fertilizer Storage         </div> <div>           13 Insecticide Storage            14 Abandoned water well            15 Oil well/gas well         </div> <div>           16 Other (specify below)         </div> </div> Direction from well? <u>West</u> How many feet? <u>33</u>									
FROM TO <u>0</u> <u>2</u> <u>2</u> <u>18</u> <u>18</u> <u>31</u> <u>31</u> <u>63</u> <u>63</u> <u>65</u>		LITHOLOGIC LOG <u>Top soil</u> <u>Clay</u> <u>Green Shale</u> <u>Blue Shale</u> <u>Limestone</u>				FROM TO      		PLUGGING INTERVALS      	
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) constructed (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>9-26-07</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>6211</u> This Water Well Record was completed on (mo/day/year) <u>9-27-07</u> under the business name of <u>Chase Drilling</u> by (signature) <u>Chase</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 constructed well. Visit us at <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> .									