

## WATER WELL RECORD *BUTLER*

## Form WWC-5

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

<b>1 LOCATION OF WATER WELL:</b>		Fraction <i>NW 1/4 SE 1/4 NE 1/4</i>	Section Number <i>6</i>	Township Number <i>T 27 S</i>	Range Number <i>R 30 E/W</i>												
County: <i>Franklin</i>		Distance and direction from nearest town or city street address of well if located within city? <i>2430 N Fieldstone St</i>															
<b>2 WATER WELL OWNER:</b> RR#, St. Address, Box # City, State, ZIP Code		<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>		<b>4 DEPTH OF COMPLETED WELL</b> <i>82</i> ft.															
<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">N</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">W</td> <td style="text-align: center;">NW</td> <td style="text-align: center;">NE</td> </tr> <tr> <td style="text-align: center;">S</td> <td style="text-align: center;">SW</td> <td style="text-align: center;">SE</td> </tr> <tr> <td style="text-align: center;">E</td> <td style="text-align: center;">X</td> <td></td> </tr> </table>		N			W	NW	NE	S	SW	SE	E	X		Depth(s) Groundwater Encountered (1) ..... ft. (2) ..... ft. (3) ..... ft. WELL'S STATIC WATER LEVEL ..... ft. below land surface measured on mo/day/yr. <i>4-16-08</i> 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 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 .....			
N																	
W	NW	NE															
S	SW	SE															
E	X																
<b>5 TYPE OF CASING USED:</b>		5 Wrought Iron 1 Steel 2 PVC	8 Concrete tile 6 Asbestos-Cement 7 Fiberglass	CASING JOINTS: Glued ..... X Clamped ..... Welded ..... Threaded ..... Blank casing diameter ..... <i>5</i> in. to ..... <i>82</i> ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft. Casing height above land surface ..... <i>16</i> in., Weight ..... <i>16.0</i> lbs./ft. Wall thickness or guage No. ..... <i>26</i>													
TYPE OF SCREEN OR PERFORATION MATERIAL:		1 Steel 2 Brass	3 Stainless Steel 4 Galvanized Steel	5 Fiberglass 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 2 Louvered shutter	3 Mill slot 4 Key punched	5 Gauzed wrapped 6 Wire wrapped	7 Torch cut 8 Saw Cut 9 Drilled holes 10 Other (specify)												
SCREEN-PERFORATED INTERVALS: From ..... <i>62</i> ft. to ..... <i>82</i> ft., From ..... ft. to ..... ft.		From ..... ft. to ..... ft., From ..... ft. to ..... ft.															
GRAVEL PACK INTERVALS: From ..... <i>24</i> ft. to ..... <i>82</i> ft., From ..... ft. to ..... ft.		From ..... ft. to ..... ft., From ..... ft. to ..... ft.															
<b>6 GROUT MATERIAL:</b> 1 Neat cement 2 Cement grout 3 Bentonite 4 Other		From ..... ft. to ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.															
Grout Intervals: From ..... <i>4</i> ft. to ..... <i>24</i> ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.		From ..... ft. to ..... ft., From ..... ft. to ..... ft.															
What is the nearest source of possible contamination:		1 Septic tank 2 Sewer lines 3 Watertight sewer lines	4 Lateral lines 5 Cess pool 6 Seepage pit	7 Pit privy 8 Sewage lagoon 9 Feedyard	10 Livestock pens 11 Fuel storage 12 Fertilizer Storage	13 Insecticide Storage 14 Abandoned water well 15 Oil well/gas well	16 Other (specify below)										
Direction from well? <i>East</i>		How many feet? <i>31</i>															
FROM <i>0</i>	TO <i>2</i>	LITHOLOGIC LOG		FROM	TO	PLUGGING INTERVALS											
<i>2</i>	<i>11</i>	<i>Topsoil clay</i>															
<i>11</i>	<i>66</i>	<i>Yellow shale</i>															
<i>68</i>	<i>74</i>	<i>Blue shale</i>															
<i>74</i>	<i>82</i>	<i>Yellow shale</i>															

**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) 4-16-08 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) 5-10-08 under the business name of CF 2000 - Wichita by (signature) John C. Miller

**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.kdheks.gov/waterwell/index.html>.