

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		SE ¼ NE ¼ NE ¼		31	T 28 S	R 3 E												
Distance and direction from nearest town or city street address of well if located within city? 1004 McCaskey				Global Positioning System (decimal degrees, min. of 4 digits)														
2 WATER WELL OWNER: Prairie Construction RR#, St. Address, Box # : 9969 N. Meridian City, State, ZIP Code : Valley Center, Ks 67147				Latitude: _____														
				Longitude: _____														
				Elevation: _____														
				Datum: _____														
Data Collection Method: _____																		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <u>90</u> ft.																
N <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px;">X</td> <td style="width: 40px; text-align: center;">NW</td> <td style="width: 40px; text-align: center;">NE</td> <td style="width: 20px;">✓</td> </tr> <tr> <td style="width: 20px;">W</td> <td style="width: 40px; text-align: center;">SW</td> <td style="width: 40px; text-align: center;">SE</td> <td style="width: 20px;">E</td> </tr> <tr> <td colspan="4" style="text-align: center;">S</td> </tr> </table>		X	NW	NE	✓	W	SW	SE	E	S				Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.				
		X	NW	NE	✓													
		W	SW	SE	E													
		S																
		WELL'S STATIC WATER LEVEL <u>28</u> ft. below land surface measured on mo/day/yr																
Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm																		
Est. Yield <u>20</u> 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 <u>6</u> Oil field water supply 9 Dewatering 12 Other (Specify below)																		
2 Irrigation 4 Industrial <u>7</u> Domestic (lawn & garden) 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 _____																		
5 TYPE OF CASING USED:																		
1 Steel		3 RMP (SR)		6 Asbestos-Cement		8 Concrete tile												
<u>2</u> PVC		4 ABS		7 Fiberglass		9 Other (specify below)												
Casing joints: Glued <u>x</u> Clamped _____																		
Welded _____																		
Threaded _____																		
Blank casing diameter <u>5</u> in. to <u>40</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.																		
Casing height above land surface <u>12</u> in., Weight <u>2.40</u> lbs./ft. Wall thickness or gauge No. <u>160psi</u>																		
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												
						10 Asbestos-Cement												
						11 Other (specify) _____												
						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)												
SCREEN-PERFORATED INTERVALS:																		
From <u>40</u> ft. to <u>90</u> ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.												
From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.												
GRAVEL PACK INTERVALS:																		
From <u>28</u> ft. to <u>90</u> ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.												
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		<u>3</u> Bentonite		4 Other _____												
Grout Intervals From <u>3</u> ft. to <u>28</u> 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												
2 Sewer lines		5 Cess pool		8 Sewage lagoon		11 Fuel storage												
<u>3</u> Watertight sewer lines		6 Seepage pit		9 Feedyard		12 Fertilizer storage												
						13 Insecticide Storage												
						14 Abandoned water well												
						15 Oil well/ gas well												
						16 Other (specify below)												
Direction from well? <u>East</u>				How many feet? <u>15ft</u>														

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Top Soil			
1	10	Clay			
10	70	Limestone			
70	80	Gypsum Rock			
80	90	Red 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) 4-22-2007 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) 4-25-2007 under the business name of Weninger Drilling Inc. by (signature) Yelken Weninger

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>.