

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

1 LOCATION OF WATER WELL: County: Nemaha	Fraction ¼ SE ¼ NE ¼ SE ¼	Section Number 33	Township No. T 2 S	Range Number R 11 <input checked="" type="checkbox"/> E <input type="checkbox"/> W
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> D Rd (Baileyville Road) & 144th Rd		Global Positioning System (GPS) information: Latitude: 39.50.011..... (in decimal degrees) Longitude: 96.10.981..... (in decimal degrees) Elevation: 1285 Datum: <input checked="" type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27		

2 WATER WELL OWNER: United States Geological Survey RR#, Street Address, Box #: 4821 Quail Crest Place City, State, ZIP Code : Lawrence, KS 66049	Collection Method: <input checked="" type="checkbox"/> GPS unit (Make/Model: Garmin St Pilot 3.....) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input checked="" type="checkbox"/> <3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m
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3 LOCATE WELL WITH AN "X" IN SECTION BOX:

N

NW	NE	E
SW	SE	S

|-----1 mile-----|

4 DEPTH OF COMPLETED WELL 20..... ft.

Depth(s) Groundwater Encountered (1) 10..... ft. (2)..... ft. (3)..... ft.

WELL'S STATIC WATER LEVEL 9.5..... ft. below land surface measured on mo/day/yr. 9/16/10.....

Pump test data: Well water was..... ft. after..... hours pumping..... gpm

EST. YIELD..... gpm. Well water was..... ft. after..... hours pumping..... gpm

Bore Hole Diameter 8.25..... in. to 20..... ft., and..... in. to..... ft.

WELL WATER TO BE USED AS: Public water supply Geothermal Injection well
 Domestic Feedlot Oil field water supply Dewatering Other (Specify below)
 Irrigation Industrial Domestic-lawn & garden Monitoring well

Was a chemical/bacteriological sample submitted to Department? Yes No
 If yes, mo/day/yr sample was submitted.....

Water well disinfected? Yes No

5 TYPE OF CASING USED: Steel PVC Other.....

CASING JOINTS: Glued Clamped Welded Threaded

Casing diameter .25..... in. to 20..... ft., Diameter..... in. to..... ft., Diameter..... in. to..... ft.

Casing height above land surface 30..... in., Weight..... lbs./ft., Wall thickness or gauge No. schedule 80.....

TYPE OF SCREEN OR PERFORATION MATERIAL:
 Steel Stainless Steel PVC Other (Specify).....
 Brass Galvanized Steel None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:
 Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole)
 Louvered shutter Key punched Wire wrapped Saw cut Other (specify).....

SCREEN-PERFORATED INTERVALS: From 10..... ft. to 20..... ft., From..... ft. to..... ft.
 From..... ft. to..... ft., From..... ft. to..... ft.

GRAVEL PACK INTERVALS: From 10..... ft. to 20..... ft., From..... ft. to..... ft.
 From..... ft. to..... ft., From..... ft. to..... ft.

6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other.....

Grout Intervals: From surface..... ft. to 10..... ft., From..... ft. to..... ft., From..... ft. to..... ft.

What is the nearest source of possible contamination:
 Septic tank Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below)
 Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well
 Watertight sewer lines Seepage pit Feedyard Fertilizer storage Oil well/gas well

Direction from well..... Distance from well.....

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	5	Clay			
5	20	Sandy brown clay			

Original Returned to Sender
for Correction Date: 9/29/10

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) 9/16/10..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 823..... This Water Well Record was completed on (mo/day/year) 9/21/10..... under the business name of United States Geological Survey..... by (signature) *[Signature]*

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) 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 copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>.