

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources; App. No.  

|   |   |   |   |                                      |
|---|---|---|---|--------------------------------------|
| <b>1 LOCATION OF WATER WELL:</b><br>County: <u>EIK</u>  | Fraction<br><u>SW 1/4 SW 1/4 NW 1/4</u> | Section Number<br><u>4</u>  | Township Number<br>T <u>30</u> S <u> </u> | Range Number<br>R <u>13</u> <u>W</u> |
| Distance and direction from nearest town or city street address of well if located within city?<br><u>7 Mi N 1/2 mi E 1/2 Mi N Kansas Longton</u>     |   | <b>Global Positioning Systems</b> (decimal degrees, min. of 4 digits)<br>Latitude: _____<br>Longitude: _____<br>Elevation: _____<br>Datum: _____<br>Data Collection Method: _____ |   |                                      |
| <b>2 WATER WELL OWNER:</b> <u>BILL STOTT</u><br>RR#, St. Address, Box # : <u>104 Manor place</u><br>City, State, ZIP Code : <u>Gardner, KS, 66030</u> |   |   |   |                                      |

|  |    |    |  |   |    |    |  |  |  |    |    |    |  |  |  |  |
|--|----|----|--|---|----|----|--|--|--|----|----|----|--|--|--|--|
| <b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b><br>N<br><table border="1" style="width:100%; height: 80px; text-align: center; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td>X</td><td>--</td><td>--</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td>--</td><td>--</td><td>--</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table><br>S |    |    |  | X | -- | -- |  |  |  | -- | -- | -- |  |  |  | <b>4 DEPTH OF COMPLETED WELL</b> ..... <u>100</u> ..... ft.<br><br>Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.<br>WELL'S STATIC WATER LEVEL..... <u>3.5</u> ..... ft. below land surface measured on mo/day/yr. <u>11/19/11</u><br>Pump test data: Well water was.....ft. after..... hours pumping..... gpm<br>Est. Yield.....gpm: Well water was.....ft. after..... hours pumping..... gpm<br>WELL WATER TO BE USED AS: 5 Public water supply    8 Air conditioning    11 Injection well<br><input checked="" type="checkbox"/> Domestic    3 Feedlot    6 Oil field water supply    9 Dewatering    12 Other (Specify below)<br>2 Irrigation    4 Industrial    7 Domestic (lawn & garden)    10 Monitoring well<br><br>Was a chemical/bacteriological sample submitted to Department? Yes ..... No <input checked="" type="checkbox"/> .....; If yes, mo/day/yr<br>Sample was submitted..... Water well disinfected? Yes <input checked="" type="checkbox"/> ..... No ..... |
|  |    |    |  |   |    |    |  |  |  |    |    |    |  |  |  |  |
| X  | -- | -- |  |   |    |    |  |  |  |    |    |    |  |  |  |  |
|  |    |    |  |   |    |    |  |  |  |    |    |    |  |  |  |  |
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|  |    |    |  |   |    |    |  |  |  |    |    |    |  |  |  |  |

**5 TYPE OF CASING USED:**

|   |            |                   |                         |   |
|---|------------|-------------------|-------------------------|---|
| 1 Steel                                 | 3 RMP (SR) | 6 Asbestos-Cement | 9 Other (specify below) | CASING JOINTS: Glued <input checked="" type="checkbox"/> ..... Clamped..... |
| <input checked="" type="checkbox"/> PVC | 4 ABS      | 7 Fiberglass      |                         | Welded.....   |
|   |            |                   |                         | Threaded.....   |

Blank casing diameter ..... 5 ..... in. to ..... 100 ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
Casing height above land surface..... 24 ..... in., Weight ..... lbs./ft. Wall thickness or guage No. ....

**TYPE OF SCREEN OR PERFORATION MATERIAL:**

|         |                    |                 |   |                    |                          |
|---------|--------------------|-----------------|---|--------------------|--------------------------|
| 1 Steel | 3 Stainless Steel  | 5 Fiberglass    | <input checked="" type="checkbox"/> PVC | 9 ABS              | 11 Other (Specify) ..... |
| 2 Brass | 4 Galvanized Steel | 6 Concrete tile | 8 RM (SR)                               | 10 Asbestos-Cement | 12 None used (open hole) |

**SCREEN OR PERFORATION OPENINGS ARE:**

|                    |               |                  |             |   |                     |
|--------------------|---------------|------------------|-------------|---|---------------------|
| 1 Continuous slot  | 3 Mill slot   | 5 Gauzed wrapped | 7 Torch cut | <input checked="" type="checkbox"/> Drilled holes | 11 None (open hole) |
| 2 Louvered shutter | 4 Key punched | 6 Wire wrapped   | 8 Saw Cut   | 10 Other (specify) .....                          |                     |

**SCREEN-PERFORATED INTERVALS:** From..... 75 ..... ft. to ..... 100 ..... ft., From ..... ft. to ..... ft.  
From..... ft. to ..... ft., From ..... ft. to ..... ft.

**GRAVEL PACK INTERVALS:** From..... 30 ..... ft. to ..... 100 ..... ft., From ..... ft. to ..... ft.  
From..... ft. to ..... ft., From ..... ft. to ..... ft.

**6 GROUT MATERIAL:**  Neat cement    2 Cement grout    3 Bentonite    4 Other .....

Grout Intervals: From ..... 4 ..... ft. to ..... 30 ..... 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                               |                          |
| 3 Watertight sewer lines | 6 Seepage pit   | 9 Feedyard      | 12 Fertilizer Storage | <input checked="" type="checkbox"/> Oil well/gas well |                          |

Direction from well? ... West ..... How many feet? .... 65 .....

| FROM      | TO         | LITHOLOGIC LOG       | FROM | TO | PLUGGING INTERVALS |
|-----------|------------|----------------------|------|----|--------------------|
| <u>0</u>  | <u>5</u>   | <u>Clay</u>          |      |    |                    |
| <u>5</u>  | <u>14</u>  | <u>Red Sandstone</u> |      |    |                    |
| <u>14</u> | <u>17</u>  | <u>Shale</u>         |      |    |                    |
| <u>17</u> | <u>30</u>  | <u>Sandstone</u>     |      |    |                    |
| <u>30</u> | <u>75</u>  | <u>Water Sand</u>    |      |    |                    |
| <u>75</u> | <u>100</u> | <u>Shale</u>         |      |    |                    |
|           |            |                      |      |    |                    |
|           |            |                      |      |    |                    |

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was  constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 11/14/11 ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 780 ..... This Water Well Record was completed on (mo/day/year) 11/25/11 ..... under the business name of Cannon Drilling Co. by (signature) Howard W. Cannon

**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>.