

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:	Cowley	SE ¼	NE ¼	5	T 31S S	R 3E E/W
Distance and direction from nearest town or city street address of well if located within city?				Global Positioning System (decimal degrees, min. of 4 digits)		
203 N. Clark, Udall KS				Latitude: N 37°23'19.3"		
				Longitude: W 97°06'54.7"		
				Elevation: 1278.78 pin / 1278.48 toc		
				Datum:		
				Data Collection Method: legal survey		
2 WATER WELL OWNER: KDHE-BER						
RR#, St. Address, Box # : Robert Williams Property						
City, State, ZIP Code : U2-018-13335						

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 30 ft.	
<div style="text-align: center;"> </div>		MW11 Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL 19.45 ft. below land surface measured on mo/day/yr 12/4/06 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 Feed lot 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 _____ No X	

5 TYPE OF CASING USED:		5 Wrought Iron		8 Concrete tile		CASING JOINTS: Glued _____ Clamped _____	
1 Steel		3 RMP (SR)		6 Asbestos-Cement		Welded _____	
2 PVC		4 ABS		7 Fiberglass		Threaded X	
Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		Casing height below land surface _____ ft., Weight _____ lbs./ft. Wall thickness or gauge No. _____					
TYPE OF SCREEN OR PERFORATION MATERIAL:							
1 Steel		3 Stainless steel		5 Fiberglass		7 PVC	
2 Brass		4 Galvanized steel		6 Concrete tile		8 RM (SR)	
						9 ABS	
						11 Other (specify) _____	
						12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:							
1 Continuous slot		3 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)	
						10 Other (specify) _____	
SCREEN-PERFORATED INTERVALS:							
From _____		15 ft. to _____		30 ft. From _____		ft. to _____	
From _____		ft. to _____		ft. From _____		ft. to _____	
GRAVEL PACK INTERVALS:		From _____		13 ft. to _____		30 ft. From _____	
		From _____		ft. to _____		ft. From _____	
		From _____		ft. to _____		ft. From _____	

6 GROUT MATERIAL:		1 Neat cement		2 Cement grout		3 Bentonite		4 Other cement, 0-3'	
Grout Intervals		From _____		3 ft. to _____		13 ft. From _____		ft. to _____	
What is the nearest source of possible contamination:									
1 Septic tank		4 Lateral lines		7 Pit privy		10 Livestock pens		13 Insecticide Storage	
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		15 Oil well/ gas well	
Direction from well? _____						How many feet? _____			

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Soil			
2	3	Clay, red-brown, moist, medium plasticity, hard			
3	8	Clay, tan, dry, hard, no plasticity			
8	12	Clay, bright olive green, moist, no plasticity			
12	13	Clay, brown, moist, no plasticity			
13	20	Clay, brown/olive marbled, moist			
20	30	Clay, olive green, moist, no plasticity			
Flushmount waiver by D. Taylor					

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) **11/27/06** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **757**. This Water Well Record was completed on (mo/day/year) **12/22/06** under the business name of **Larsen & Associates, Inc.** by (signature) _____.

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 785-296-5322. 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>.