

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

1 LOCATION OF WATER WELL: County: Brown		Fraction se ¼ ne ¼ ne ¼ se ¼		Section Number 24	Township No. T 3 S	Range Number R 17 <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"/> From Plumetree & 190 th 0.65 mi. south and 40' west				Global Positioning System (GPS) information: Latitude: (in decimal degrees) Longitude: (in decimal degrees) Elevation: Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27 Collection Method: <input type="checkbox"/> GPS unit (Make/Model:) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m		
2 WATER WELL OWNER: Albertson Farms. Inc. RR#, Street Address, Box #: 1848 Plumetree Rd. City, State, ZIP Code : Robinson. KS 66532						
3 LOCATE WELL WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> </div>		4 DEPTH OF COMPLETED WELL 44.5 ft. Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL..... ft. below land surface measured on mo/day/yr. 9/8/2010 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..... in. to..... ft., and..... in. to..... ft. WELL WATER TO BE USED AS: <input type="checkbox"/> Public water supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Injection well <input type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input checked="" type="checkbox"/> Other (Specify below) <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Domestic-lawn & garden <input type="checkbox"/> Monitoring well <input checked="" type="checkbox"/> Farm use Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, mo/day/yr sample was submitted..... Water well disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
5 TYPE OF CASING USED: <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other CASING JOINTS: <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded Casing diameter 8.6 in. to 18.345 ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface..... 24 in., Weight 3.73 lbs./ft., Wall thickness or gauge No. Sch 40 TYPE OF SCREEN OR PERFORATION MATERIAL: <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: <input type="checkbox"/> Continuous slot <input type="checkbox"/> Mill slot <input type="checkbox"/> Gauze wrapped <input type="checkbox"/> Torch cut <input type="checkbox"/> Drilled holes <input type="checkbox"/> None (open hole) <input type="checkbox"/> Louvered shutter <input type="checkbox"/> Key punched <input type="checkbox"/> Wire wrapped <input checked="" type="checkbox"/> Saw cut <input type="checkbox"/> Other (specify) SCREEN-PERFORATED INTERVALS: From..... 34.5 ft. to..... 44.5 ft., From..... ft. to..... ft. GRAVEL PACK INTERVALS: From..... 20 ft. to..... 44.5 ft., From..... ft. to..... ft. From..... ft. to..... ft., From..... ft. to..... ft.						
6 GROUT MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other Grout Intervals: From..... 0 ft. to..... 20 ft., From..... ft. to..... ft., From..... ft. to..... ft. What is the nearest source of possible contamination: <input type="checkbox"/> Septic tank <input type="checkbox"/> Lateral lines <input type="checkbox"/> Pit privy <input type="checkbox"/> Livestock pens <input type="checkbox"/> Insecticide storage <input checked="" type="checkbox"/> Other (specify below) <input type="checkbox"/> Sewer lines <input type="checkbox"/> Cesspool <input checked="" type="checkbox"/> Sewage lagoon <input type="checkbox"/> Fuel storage <input type="checkbox"/> Abandoned water well <input type="checkbox"/> Watertight sewer lines <input type="checkbox"/> Seepage pit <input type="checkbox"/> Feedyard <input type="checkbox"/> Fertilizer storage <input type="checkbox"/> Oil well/gas well <input checked="" type="checkbox"/> petroleum/oaslines Direction from well south pipelines/southeast lagoon Distance from well 100' pipelines/440' lagoon						
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS	
0	1	Topsoil	33	34	Coarse sandy gravel	
1	6	Brown grey clay	34	35	Gravel 1/4	
6	11	Brown clay	35	36	Boulder	
11	13	Brown orange clay	36	38	Yellow clay	
13	18	Sandy brown clay	38	45	Yellow clay with coarse sand	
18	22	Fine brown sand	47	49.5	Grev yellow clay	
22	24	Red/brn med. sand	49.5	49.5	Rock	
24	28	Red/brn coarse sand				
28	30	Brown coarse sand				
30	33	Very coarse brown sand				
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/year) 8/15/2010 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 739 This Water Well Record was completed on (mo/day/year) 9/9/2010 under the business name of Rork Drilling by (signature) <i>Mike Rork</i>						
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 .						