

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: <u>WASHINGTON</u>	Fraction <u>NE 1/4 SE 1/4 NE 1/4</u>	Section Number <u>23</u>	Township Number T <u>4</u> S	Range Number R <u>2</u> E/W
Distance and direction from nearest town or city street address of well if located within city?		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: <u>39.69214</u> Longitude: <u>97.16317</u> Elevation: _____ Datum: _____ Data Collection Method: _____		

2 WATER WELL OWNER: MR. KENT HERRS
 RR#, St. Address, Box # : 1321 10th Rd
 City, State, ZIP Code : LINN, KS 66953

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1" style="width: 100%; height: 100px; text-align: center;"> <tr> <td style="width: 25%;">NW</td> <td style="width: 25%;">NE</td> <td style="width: 25%;">E</td> <td style="width: 25%;"></td> </tr> <tr> <td>W</td> <td style="border: 2px solid black;">X</td> <td></td> <td></td> </tr> <tr> <td></td> <td>SW</td> <td>SE</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>S</td> </tr> </table>	NW	NE	E		W	X				SW	SE					S	4 DEPTH OF COMPLETED WELL <u>100</u> ft. Depth(s) Groundwater Encountered (1) <u>30</u> ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL <u>26</u> ft. below land surface measured on mo/day/yr. <u>6/22/08</u> Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield <u>30</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 <input checked="" type="checkbox"/> Domestic 3 Feedlot 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 <input checked="" type="checkbox"/> ; If yes, mo/day/yrs _____ Sample was submitted _____ Water well disinfected? Yes <input checked="" type="checkbox"/> No _____
NW	NE	E															
W	X																
	SW	SE															
			S														

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 6 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 gauge No. SAR 26

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	<input checked="" type="checkbox"/> Mill slot	5 Gauzed wrapped	7 Torch cut	9 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 20 ft. to 40 ft., From ft. to ft.
 From ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From 20 ft. to 100 ft., From ft. to ft.
 From ft. to ft., From ft. to ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout Bentonite 4 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:

1 Septic tank	4 Lateral lines	7 Pit privy	10 Livestock pens	13 Insecticide storage	<input checked="" type="checkbox"/> <u>OPEN FISSURE</u> (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	15 Oil well/gas well	

Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<u>0</u>	<u>5</u>	<u>CLAY</u>			
<u>5</u>	<u>30</u>	<u>SHALE</u>			
<u>30</u>	<u>38</u>	<u>SANDSTONE</u>			
<u>38</u>	<u>100</u>	<u>SHALE</u>			

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) 6/22/08 and this record is true to the best of my knowledge and belief.
 Kansas Water Well Contractor's License No. 760 This Water Well Record was completed on (mo/day/year) 8/17/08
 under the business name of ASSOCIATED DRILLING INC by (signature) [Signature]

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>.