

Corrected 4-1-09

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: <u>Atchison</u>	Fraction <u>NE ¼ NW ¼ NE ¼</u>	Section Number <u>01</u>	Township Number <u>T 06 S</u>	Range Number <u>R 20 (E)</u>
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Distance and direction from nearest town or city street address of well if located within city?
1400 Skyway Drive, Atchison, KS

Global Positioning System (decimal degrees, min. of 4 digits)
Latitude: _____
Longitude: _____
Elevation: _____
Datum: _____
Data Collection Method: _____

2 WATER WELL OWNER: Wood Oil Co. - Mike Wood
RR#, St. Address, Box # : PO BOX 67
City, State, ZIP Code : Leavenworth, KS 66048

3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL <u>22'</u> ft.
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N

		X
NW		NE
SW		SE

S

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

WELL'S STATIC WATER LEVEL 11.90' ft. below land surface measured on mo/day/yr _____

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/yrs _____

Sample was submitted _____ Water Well Disinfected? Yes _____ No X

5 TYPE OF CASING USED:

1 Steel	3 RMP (SR)	5 Wrought Iron	6 Asbestos-Cement	7 Fiberglass	8 Concrete tile	9 Other (specify below)	CASING JOINTS: Glued _____ Clamped _____
(2 PVC)	4 ABS						Welded _____
							Threaded <u>X</u>

Blank casing diameter 2 in. to 12 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height below land surface 4.68 in., Weight _____ lbs./ft. Wall thickness or gauge No. Sch. 40 PVC

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	(7 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 Guaze 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 12 ft. to 22 ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 10 ft. to 22 ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout (3 Bentonite) 4 Other

Grout Intervals From 1 ft. to 10 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	15 Oil well/ gas well	Lust Site

Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	0.5	Asphalt			
0.5	5	Clay, silty			
5	23	Clay			
					MW 6
					CORRECTED

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) 01/09/2008 and this record is true to the best of my knowledge and belief.

Kansas Water Well Contractor's License No. 594. This Water Well Record was completed on (mo/day/year) 02/20/2008 under the business name of Coranzo Great Plains, 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 785-296-5522. 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>.