

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: Fraction NE 1/4 NW 1/4 SE 1/4 Section Number 36 Township Number T 7 S Range Number R 1 W
 County: Clay
 Distance and direction from nearest town or city street address of well if located within city? NA **Global Positioning Systems** (decimal degrees, min. of 4 digits)
 Latitude: 39.40027
 Longitude: 97.27217
 Elevation: 1297
 Datum: 16884
 Data Collection Method: Hand Held

2 WATER WELL OWNER: Thad Peterson
 RR#, St. Address, Box # : 1920 Frontier RD
 City, State, ZIP Code : Clay Center, KS

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N	
--NW--	--NE--
X	
--SW--	--SE--
S	

4 DEPTH OF COMPLETED WELL 230 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.....
 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 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well Ground source
 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: Welded Glued..... Clamped.....
 1 Steel 3 RMP (SR) 6 Asbestos-Cement Other (specify below) Threaded.....
 2 PVC 4 ABS 7 Fiberglass HDPE
 Blank casing diameter in. to 2 3/4 ft., Diameter in. to ft., Diameter in. to ft.
 Casing height above land surface..... 60 in., Weight lbs./ft. Wall thickness or gauge No. SDR 11
 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 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..... ft. to ft., From ft. to ft.
 GRAVEL PACK INTERVALS: From..... ft. to ft., From ft. to ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout Bentonite 4 Other
 Grout Intervals: From 230 ft. to 0 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 15 Oil well/gas well House
 Direction from well? South How many feet? 25

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	22	Clay	175	177	Limestone
22	31	Sandy Clay	177	230	Alt Shale
31	36	Sand			
36	37	Gravel			
37	65	Grey Shale			
65	71	Limestone			
71	144	Alt Shale			
144	151	Limestone			
151	175	Alt Shale			

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) and this record is true to the best of my knowledge and belief.
 Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year)
 under the business name of by (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>.