

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No. _____

1 LOCATION OF WATER WELL: County: Clay	Fraction NW 1/4 NW 1/4 SW 1/4	Section Number 25	Township Number T 8 S	Range Number R1 (E)X														
Distance and direction from nearest town or city street address of well if located within city? 2 mi. South & 1/2 mi. West of Idana		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____																
2 WATER WELL OWNER: Armour Henderson RR#, St. Address, Box # : 1406 Frontier Rd. City, State, ZIP Code : Clay Center, KS 67432																		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1" style="width:100%; text-align:center; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td></tr><tr><td>--NW--</td><td> </td><td>--NE--</td></tr><tr><td>X</td><td> </td><td> </td></tr><tr><td>--SW--</td><td> </td><td>--SE--</td></tr><tr><td> </td><td> </td><td> </td></tr></table> S				--NW--		--NE--	X			--SW--		--SE--				4 DEPTH OF COMPLETED WELL ... 130 ft. Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL... 45 ft. below land surface measured on mo/day/yr. 2/12/10 Pump test data: Well water was.....ft. after..... hours pumping..... gpm Est. Yield... 2-3 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 XX Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well Stock Was a chemical/bacteriological sample submitted to Department? Yes No .. X; If yes, mo/day/yr Sample was submitted..... Water well disinfected? Yes .. X No		
--NW--		--NE--																
X																		
--SW--		--SE--																

5 TYPE OF CASING USED: 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) X PVC 4 ABS 7 Fiberglass Blank casing diameter . 5 in. to ... 1.8 ft., Diameter..... in. to ft., Diameter..... in. toft. Casing height above land surface..... 12 in., Weight 2.37 lbs./ft. Wall thickness or gauge No. .. 21.4	5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued.. X Clamped..... Welded..... Threaded.....	TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass XX 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 X 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... 110 ft. to ... 130 ft., From ft. to ft. From..... ft. to ft., From ft. to ft. GRAVEL PACK INTERVALS: From... 20 ft. to ... 130 ft., From ft. to ft. From..... ft. to ft., From ft. to ft.		

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout **XB**entonite 4 Other

Grout Intervals: From ...**0**..... ft. to ...**20**..... ft., From ft. to ft., From ft. toft.

What is the nearest source of possible contamination: **None w/in 1/4 mile**

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	

Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Topsoil			
2	21	Clay, brown			
21	23	Sandrock			
23	60	Clay, yellow w/sand layers			
60	118	Shale, gray			
118	130	Sandstone, hard tan			
130	160	Shale, gray			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was **X** constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) ..**2/12/10**..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ...**138**..... This Water Well Record was completed on (mo/day/year) **2/19/10**..... under the business name of **Peterson Irrigation, Inc.** by (signature) *Mike Peterson*

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>.