

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.  

<b>1 LOCATION OF WATER WELL:</b> County: <u>Pottawatomie</u> Distance and direction from nearest town or city street address of well if located within city? <u>From Westminster 60 3 miles South on 99 Hwy + 100 yds East</u>	Fraction <u>SW 1/4 SE 1/4</u>	Section Number <u>14</u>	Township Number <u>T 8 S</u>	Range Number <u>R 9 E/W</u>
<b>2 WATER WELL OWNER:</b> <u>Terry &amp; Susan Hollingshead</u> RR#, St. Address, Box #: <u>120405 Hwy 99</u> City, State, ZIP Code: <u>Westmoreland, KS 66547</u>				
<b>Global Positioning Systems</b> (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____				

<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> N <div style="border: 1px solid black; width: 100px; height: 100px; margin: 10px auto; position: relative;"><div style="position: absolute; top: 0; left: 0;">NW</div><div style="position: absolute; top: 0; right: 0;">NE</div><div style="position: absolute; bottom: 0; left: 0;">SW</div><div style="position: absolute; bottom: 0; right: 0;">SE</div><div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); font-size: 2em;">X</div></div> S	<b>4 DEPTH OF COMPLETED WELL</b> ..... <u>200</u> ..... ft.  Depth(s) Groundwater Encountered (1) <u>14.9</u> ..... ft. (2) ..... ft. (3) ..... ft. WELL'S STATIC WATER LEVEL <u>14.9</u> ..... ft. below land surface measured on mo/day/yr. .... Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm Est. Yield <u>20.5</u> gpm: Well water was ..... ft. after ..... hours pumping ..... gpm WELL WATER TO BE USED AS: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Air conditioning <input type="checkbox"/> Injection well <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Domestic (lawn & garden) <input type="checkbox"/> Dewatering <input type="checkbox"/> 12 Other (Specify below) _____  Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> <u>No</u> .....; If yes, mo/day/yr Sample was submitted. .... Water well disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No .....
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<b>5 TYPE OF CASING USED:</b> <input checked="" type="radio"/> 1 Steel <input type="radio"/> 3 RMP (SR) <input checked="" type="radio"/> 2 PVC <input type="radio"/> 4 ABS  Blank casing diameter <u>5</u> ..... in. to ..... ft., Diameter ..... in. to ..... ft. Casing height above land surface <u>2</u> ..... in., Weight <u>5.4</u> ..... lbs./ft. Wall thickness or gauge No. .... <b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b> <input type="radio"/> 1 Steel <input type="radio"/> 3 Stainless Steel <input type="radio"/> 5 Fiberglass <input checked="" type="radio"/> 7 PVC <input type="radio"/> 9 ABS <input type="radio"/> 11 Other (Specify) ..... <input type="radio"/> 2 Brass <input type="radio"/> 4 Galvanized Steel <input type="radio"/> 6 Concrete tile <input type="radio"/> 8 RM (SR) <input type="radio"/> 10 Asbestos-Cement <input type="radio"/> 12 None used (open hole) <b>SCREEN OR PERFORATION OPENINGS ARE:</b> <input type="radio"/> 1 Continuous slot <input checked="" type="radio"/> 8 Mill slot <input type="radio"/> 3 Guaged wrapped <input type="radio"/> 7 Torch cut <input type="radio"/> 9 Drilled holes <input type="radio"/> 11 None (open hole) <input type="radio"/> 2 Louvered shutter <input type="radio"/> 4 Key punched <input type="radio"/> 6 Wire wrapped <input type="radio"/> 8 Saw Cut <input type="radio"/> 10 Other (specify) ..... <b>SCREEN-PERFORATED INTERVALS:</b> From <u>180</u> ..... ft. to <u>200</u> ..... ft., From ..... ft. to ..... ft. From ..... ft. to ..... ft., From ..... ft. to ..... ft. <b>GRAVEL PACK INTERVALS:</b> From <u>2.5</u> ..... ft. to <u>200</u> ..... ft., From ..... ft. to ..... ft. From ..... ft. to ..... ft., From ..... ft. to ..... ft.	<b>CASING JOINTS:</b> Glued ..... Clamped ..... Welded ..... Threaded .....  <b>6 GROUT MATERIAL:</b> <input type="radio"/> 1 Neat cement <input type="radio"/> 2 Cement grout <input checked="" type="radio"/> 3 Bentonite <input type="radio"/> 4 Other ..... Grout Intervals: From <u>5</u> ..... ft. to <u>2.5</u> ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft. What is the nearest source of possible contamination: <input type="radio"/> 1 Septic tank <input type="radio"/> 4 Lateral lines <input type="radio"/> 7 Pit privy <input type="radio"/> 10 Livestock pens <input type="radio"/> 13 Insecticide Storage <input type="radio"/> 16 Other (specify below) <input type="radio"/> 2 Sewer lines <input type="radio"/> 5 Cess pool <input checked="" type="radio"/> 8 Sewage lagoon <input type="radio"/> 11 Fuel storage <input type="radio"/> 14 Abandoned water well <input type="radio"/> 3 Watertight sewer lines <input type="radio"/> 6 Seepage pit <input type="radio"/> 9 Feedyard <input type="radio"/> 12 Fertilizer Storage <input type="radio"/> 15 Oil well/gas well Direction from well? <u>EAST</u> ..... How many feet? <u>300</u> .....
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FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Top Soil	94	102	Limestone
1	4	Brown Clay	102	125	Gray clay shale
4	19	Limestone	125	131	Limestone
19	26	Brown shale	131	149	Tan shale (water)
26	31	Greenish shale	149	192	Limestone
31	48	Limestone	192	200	Gray clay shale
48	54	Tan shale			
54	63	Limestone			
63	81	Yellow shale			
81	94	Gray clay 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) 4/11/2007 and this record is true to the best of my knowledge and belief.  
Kansas Water Well Contractor's License No. 451 This Water Well Record was completed on (mo/day/year) 5/6/2007  
under the business name of Hollingshead Drilling by (signature) Terry Hollingshead  
**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.kdhe.state.ks.us/geo/waterwells>.