

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

1 LOCATION OF WATER WELL: County: <u>Riley</u>	Fraction <u>1/4 NW 1/4 SE 1/4</u>	Section Number <u>22</u>	Township No. T <u>9</u> S	Range Number R <u>6</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> .		Global Positioning System (GPS) information: Latitude: <u>39.24908</u> (in decimal degrees) Longitude: <u>96.74192</u> (in decimal degrees) Elevation: <u>1200</u> Datum: <input checked="" type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27 Collection Method: <input checked="" type="checkbox"/> GPS unit (Make/Model: <u>Garmin Etrex</u>) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input checked="" type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m		
2 WATER WELL OWNER: <u>Jeff Schwik</u> RR#, Street Address, Box #: <u>3041 W. 69th Ave</u> City, State, ZIP Code: <u>Manhattan, KS 66503</u>				

3 LOCATE WELL WITH AN "X" IN SECTION BOX: N W E S ----- 1 mile -----	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td>NW</td><td>NE</td></tr> <tr><td>SW</td><td>SE</td></tr> </table> <p>4 DEPTH OF COMPLETED WELL <u>60</u> ft. Depth(s) Groundwater Encountered (1) <u>30</u> ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL <u>20</u> ft. below land surface measured on mo/day/yr <u>5-4-2011</u> Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm EST. YIELD <u>40</u> gpm. Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter <u>10</u> in. to <u>60</u> ft., and _____ in. to _____ ft. WELL WATER TO BE USED AS: <input type="checkbox"/> Public water supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Injection well <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below) <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Domestic-lawn & garden <input type="checkbox"/> Monitoring well Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, mo/day/yr sample was submitted..... Water well disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	NW	NE	SW	SE
NW	NE				
SW	SE				

5 TYPE OF CASING USED: Steel PVC Other _____
CASING JOINTS: Glued Clamped Welded Threaded
Casing diameter 6 in. to 60 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.
Casing height above land surface 24 in., Weight _____ lbs./ft., Wall thickness or gauge No. SDR26
TYPE OF SCREEN OR PERFORATION MATERIAL:
 Steel Stainless Steel PVC Other (Specify) _____
 Brass Galvanized Steel None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:
 Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole)
 Louvered shutter Key punched Wire wrapped Saw cut Other (specify) _____
SCREEN-PERFORATED INTERVALS: From 20 ft. to 40 ft., From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From 20 ft. to 60 ft., From _____ ft. to _____ ft.
From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: Neat cement Cement grout Bentonite 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:
 Septic tank Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below)
 Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well
 Watertight sewer lines Seepage pit Feedyard Fertilizer storage Oil well/gas well
Direction from well _____ Distance from well _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	25	CLAY			
25	27	SHALE			
27	32	LFMESTONE			
32	44	SHALE, GRAY			
44	46	LFMESTONE			
46	48	SHALE			
48	50	LFMESTONE			
50	60	SHALE			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) 5-4-2011 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) 5-20-2011
under the business name of ASSOCIATED DRILLING CO. P.C. by (signature) [Signature]

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) 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 copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>.