

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources; App. No.  

<b>1 LOCATION OF WATER WELL:</b> County: <b>Pottawatomie</b>	Fraction <b>SE 1/4 NW 1/4 NE 1/4</b>	Section Number <b>33</b>	Township Number <b>T 9 S</b>	Range Number <b>R 8E E/W</b>
Distance and direction from nearest town or city street address of well if located within city? <b>1 mile west and 2 3/4 mile north of Manhattan</b>		<b>Global Positioning Systems</b> (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____		
<b>2 WATER WELL OWNER:</b> <b>Pott. Co. State Lake</b> RR#, St. Address, Box # : _____ City, State, ZIP Code : _____		Elevation: _____ Datum: _____ Data Collection Method: _____		

<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> N <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td><b>X</b></td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table> W <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table> S							<b>X</b>																		<b>4 DEPTH OF COMPLETED WELL</b> ..... <b>100</b> ..... ft.  Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL..... <b>47</b> ..... ft. below land surface measured on mo/day/yr.... <b>2-22-07</b> Pump test data: Well water was.....ft. after..... hours pumping..... gpm Est. Yield.. <b>50+</b> 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  Was a chemical/bacteriological sample submitted to Department? Yes ..... No <b>X</b> .....; If yes, mo/day/yr Sample was submitted..... Water well disinfected? Yes <b>X</b> ..... No .....
		<b>X</b>																							

<b>5 TYPE OF CASING USED:</b> 1 Steel    3 RMP (SR) 2 <u>PVC</u> 4 ABS 5	5 Wrought Iron    8 Concrete tile 6 Asbestos-Cement    9 Other (specify below) 7 Fiberglass	CASING JOINTS: Glued <b>X</b> ..... Clamped..... Welded..... Threaded.....
Blank casing diameter ..... in. to ..... ft., Diameter. .... in. to ..... ft., Diameter ..... in. to ..... ft. Casing height above land surface..... <b>24</b> ..... in., Weight..... <b>2.82</b> ..... lbs./ft. Wall thickness or gauge No. .... <b>258</b> .....		
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel    3 Stainless Steel    5 Fiberglass <u>7 PVC</u> 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 Guazed 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..... <b>60</b> ..... ft. to ..... <b>80</b> ..... ft., From ..... ft. to ..... ft. From..... ft. to ..... ft., From ..... ft. to ..... ft.		
GRAVEL PACK INTERVALS: From..... <b>26</b> ..... ft. to ..... <b>100</b> ..... ft., From ..... ft. to ..... ft. From..... ft. to ..... ft., From ..... ft. to ..... ft.		

<b>6 GROUT MATERIAL:</b> 1 Neat cement    2 Cement grout    3 <u>Bentonite</u> 4 Other .....	Grout Intervals: From..... <b>0</b> ..... ft. to ..... <b>26</b> ..... 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 <b>building</b> .....	
Direction from well? ... <b>northwest</b> ..... How many feet? ..... <b>25</b> .....	

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<del>0</del>	<del>1</del>	<del>fill</del>	45	49	loose tan limestone
1	5	brown clay	49	50	tan shale
5	10	tan clay	50	54	grey shale
10	15	tan shale	54	56	black shale
15	<del>15</del> 19	tan limestone	56	61	grey shale
19	21	grey <del>tan</del> shale	61	64	loose yellow limestone
21	22	shale black			
22	39	grey shale			
39	42	red shale			
42	45	grey 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) **2-22-07**..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ...**182**..... This Water Well Record was completed on (mo/day/year) ....**4-23-07**..... under the business name of **Strader Drilling Co., Inc.** by (signature) *Billy Strader*

**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>.