

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

1 LOCATION OF WATER WELL: County: <u>Ottawa</u>	Fraction <u>SE ¼ NE ¼ SW ¼ SW ¼</u>	Section Number <u>21</u>	Township No. <u>T 10 S</u>	Range Number <u>R 3</u> <input type="checkbox"/> E <input checked="" 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"/> Intersection of Nugget Road & N-140th Road go North 1/2 mile site on west side of road		Global Positioning System (GPS) information: Latitude: <u>.39.16343</u> (in decimal degrees) Longitude: <u>-97.66465</u> (in decimal degrees) Elevation: <u>.1314.99</u> Datum: <input type="checkbox"/> WGS 84, <input checked="" type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27 Collection Method: <input checked="" type="checkbox"/> GPS unit (Make/Model:) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input checked="" type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m		

2 WATER WELL OWNER: Garv Lynn Marrone
RR#, Street Address, Box #: 906 E College Street #B
City, State, ZIP Code : Athens, TX 75751

3 LOCATE WELL WITH AN "X" IN SECTION BOX:
N
W E
S
-----1 mile-----

NW	NE
SW	SE

X

4 DEPTH OF COMPLETED WELL 15..... ft.
Depth(s) Groundwater Encountered (1) 14..... ft. (2)..... ft. (3)..... ft.
WELL'S STATIC WATER LEVEL 5..... ft. below land surface measured on mo/day/yr. 2-11-13.....
Pump test data: Well water was N/A..... ft. after N/A..... hours pumping, N/A..... gpm
EST. YIELD N/A..... gpm. Well water was N/A..... ft. after N/A..... hours pumping, N/A..... gpm
Bore Hole Diameter 6..... in. to 15..... ft., and in. to ft.
WELL WATER TO BE USED AS: Public water supply Geothermal Injection well
 Domestic Feedlot Oil field water supply Dewatering Other (Specify below)
 Irrigation Industrial Domestic-lawn & garden Monitoring well
Was a chemical/bacteriological sample submitted to Department? Yes No
If yes, mo/day/yr sample was submitted.....
Water well disinfected? Yes No

5 TYPE OF CASING USED: Steel PVC Other
CASING JOINTS: Glued Clamped Welded Threaded
Casing diameter 2..... in. to 10..... ft., Diameter in. to ft., Diameter in. to ft.
Casing height above land surface 30..... in., Weight 70..... lbs./ft., Wall thickness or gauge No. SCH 40 PVC.....
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 15..... ft. to 10..... ft., From ft. to ft.
From ft. to ft., From ft. to ft.
GRAVEL PACK INTERVALS: From 15..... ft. to 8..... 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 8..... ft. to 1.5..... 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 VOC's.....
Direction from well Distance from well

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	10	Sandy Clay			
10	15	Fine Sand			

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) 2-4-13..... 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) 3-20-13..... under the business name of Boart Longyear by (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>.