

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources; App. No.

**1 LOCATION OF WATER WELL:**  
 County: GOVE Fraction: NE 1/4 NW 1/4 SE 1/4 Section Number: 6 Township Number: T 11 S Range Number: R 28 E/W

Distance and direction from nearest town or city street address of well if located within city? 1/2 mile N. of Grainfield, KS

**2 WATER WELL OWNER:** City of Grainfield  
 RR#, St. Address, Box #: P.O. Box 192  
 City, State, ZIP Code: Grainfield, KS 67737

**3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:**

N				
	--NW--		--NE--	
W				E
		X		
	--SW--		--SE--	
	S			

**4 DEPTH OF COMPLETED WELL** ..... 192 ..... ft.

Depth(s) Groundwater Encountered (1), 112 ..... ft. (2)..... ft. (3)..... ft.  
 WELL'S STATIC WATER LEVEL... 112 ..... ft. below land surface measured on mo/day/yr. 11/22/06  
 Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm  
 Est. Yield 200 gpm: Well water was ..... ft. after ..... hours pumping ..... gpm  
 WELL WATER TO BE USED AS:  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  .....; If yes, mo/day/yr  
 Sample was submitted..... Water well disinfected? Yes  ..... No .....

**5 TYPE OF CASING USED:**

5 Wrought Iron	8 Concrete tile	CASING JOINTS: <input checked="" type="checkbox"/> Glued..... Clamped.....		
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded.....
<input checked="" type="checkbox"/> PVC	4 ABS	7 Fiberglass		Threaded.....

Blank casing diameter ..... 16 ..... in. to 110 1/2 ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
 Casing height above land surface... 24 ..... in., Weight 160 ..... lbs./ft. Wall thickness or gauge No. SDR 26

**TYPE OF SCREEN OR PERFORATION MATERIAL:**

1 Steel	3 Stainless Steel	5 Fiberglass	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> 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 1/2 ..... ft. to 189 1/2 ..... ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
**GRAVEL PACK INTERVALS:** From 30 ..... ft. to 192 ..... ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**6 GROUT MATERIAL:** 1 Neat cement  Cement grout 3 Bentonite 4 Other .....

Grout Intervals: From 10 ..... ft. to 30 ..... 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	<input checked="" type="checkbox"/> Other (specify below)
2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage	14 Abandoned water well	<u>none</u>
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	5	topsoil	140	155	fine sand
5	20	brown clay	155	162	coarse sand
20	33	medium sand	162	163	clay
33	37	brown clay	163	170	medium sand
37	53	fine sand	170	182	clay with very little sand
53	63	fine sand - brown clay	182	189	coarse gravel
63	70	medium sand	189	191	sand with yellow clay
70	108	tan clay with sand	191	192	yellow clay
108	136	sand - medium			
136	140	brown clay			

**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) 11/22/06 and this record is true to the best of my knowledge and belief.  
 Kansas Water Well Contractor's License No. 489 ..... This Water Well Record was completed on (mo/day/year) 11/22/06 .....  
 under the business name of Aqua Pump by (signature) [Signature]

**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>.