

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No. XXXXXXXXXX

1 LOCATION OF WATER WELL: County: OTTAWA	Fraction NE 1/4 NW 1/4 NW 1/4	Section Number 7	Township Number T 11 S	Range Number R 4W E/W
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Distance and direction from nearest town or city street address of well if located within city? **1/4 MILE EAST OF INTERSECTION 60th RD. AND KIOWA RD. SOUTHSIDE**

Global Positioning Systems (decimal degrees, min. of 4 digits)
 Latitude: _____
 Longitude: _____

2 WATER WELL OWNER: JOHN BLAKE
 RR#, St. Address, Box # : **P.O. BOX 14**
 City, State, ZIP Code : **MINNEAPOLIS, KS. 67467**

Elevation: _____
 Datum: _____
 Data Collection Method: _____

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

N

X			
--NW--	--NE--		
--SW--	--SE--		

S

4 DEPTH OF COMPLETED WELL **92** ft.

Depth(s) Groundwater Encountered (1).....**75**..... ft. (2)..... ft. (3)..... ft.
 WELL'S STATIC WATER LEVEL.....**43**..... ft. below land surface measured on mo/day/yr. **1-06-06**
 Pump test data: Well water was.....**43**.....ft. after..... hours pumping..... gpm
 Est. Yield..**10+** 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

LIVESTOCK
 Was a chemical/bacteriological sample submitted to Department? Yes No ..**X**.....; If yes, mo/day/yrs
 Sample was submitted..... Water well disinfected? Yes ..**X**..... No

5 TYPE OF CASING USED:

5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued... X ... Clamped.....
1 Steel 3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below) Welded.....
2 PVC 4 ABS	7 Fiberglass	Threaded.....

Blank casing diameter**5**..... in. to**7.2**..... ft., Diameter in. to ft., Diameter in. to ft.
 Casing height above land surface.....**24**..... in., weight.....**1.60**.....lbs./ft. Wall thickness or guage No. **SDR-26**.....

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless Steel	5 Fiberglass	7 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	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....**7.2**..... ft. to**9.2**..... ft., From ft. to ft.
 From..... ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From....**2.5**..... ft. to**5.7**..... ft., From**6.0**..... ft. to**9.2**..... ft.
 From..... ft. to ft., From ft. to ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other

Grout Intervals: From**3**..... ft. to**2.5**..... ft., From**5.7**..... ft. to**6.0**..... 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 wll/gas well	

Direction from well? **OPEN FIELD NONE APPARENT** How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	TOP SOIL			
2	15	CLAY REDISH BROWN SILTY			
15	75	CLAY GRAY			
75	85	SANDSTONE TAN			
85	98	SHALE AND CLAY GRAY			

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) **1-06-06**..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ...**388**..... This Water Well Recored was completed on (mo/day/year) **1-06-06**..... Under the business name of **PESTINGER PUMP SERVICE** by (signature) *Paul Keeling*

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.