

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: <u>LINCOLN</u>	Fraction <u>NE 1/4 SW 1/4 NR 1/4</u>	Section Number <u>33</u>	Township Number T <u>11</u> S	Range Number R <u>6</u> E <u>W</u>
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Distance and direction from nearest town or city street address of well if located within city? _____

Global Positioning Systems (decimal degrees, min. of 4 digits)
 Latitude: 39.01552
 Longitude: 97.99083
 Elevation: _____
 Datum: _____
 Data Collection Method: _____

2 WATER WELL OWNER: MRS BARBARA WOLFORD
 RR#, St. Address, Box # : 1478 N 270th Rd.
 City, State, ZIP Code : Lincoln, KS - 67455

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

N	<input type="checkbox"/> NW	<input checked="" type="checkbox"/> NE	<input type="checkbox"/> SE
W	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4 DEPTH OF COMPLETED WELL 200 ft.

Depth(s) Groundwater Encountered (1).....177..... ft. (2)..... _____ ft. (3)..... _____ ft.
 WELL'S STATIC WATER LEVEL...139..... ft. below land surface measured on mo/day/yr. 4/23/09
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield...40 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
 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:

1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)
<input checked="" type="checkbox"/> 2 PVC	4 ABS	7 Fiberglass	

CASING JOINTS: Glued Clamped _____
 Welded _____
 Threaded _____

Blank casing diameter 6 in. to 180 ft., Diameter. _____ in. to _____ ft., Diameter _____ in. to _____ ft.
 Casing height above land surface..... 24 in., Weight _____ lbs./ft. Wall thickness or guage No. SOR26

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 180 ft. to 200 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 25 ft. to 150 ft., From _____ ft. to _____ ft.
 From 170 ft. to 200 ft., From _____ ft. to _____ ft.

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

Grout Intervals: From 3 ft. to 25 ft., From 150 ft. to 170 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	<input checked="" type="checkbox"/> 14 Abandoned water well	
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage	15 Oil well/gas well	

Direction from well? EAST How many feet? ~30

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	18	CLAY			
18	117	SHALE, TAN			
117	118	LIMESTONE			
118	177	SHALE, RED			
177	200	SANDSTONE, H ₂ O @ 177			

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) 4/23/09 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) 5/18/09
 under the business name of Associated Drilling Inc 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>.