

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources App. No.  

<b>1 LOCATION OF WATER WELL:</b> County: Lincoln	Fraction ¼    ¼ C    ¼ SW    ¼	Section Number 30	Township No. T 11 S	Range Number R 9 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here .  
3N, 1E of Sylvan Grove, KS

**Global Positioning System (GPS) information:**  
 Latitude: ..... (in decimal degrees)  
 Longitude: ..... (in decimal degrees)  
 Elevation: .....  
 Datum:  WGS 84,  NAD 83,  NAD 27  
 Collection Method:  
 GPS unit (Make/Model: .....)  
 Digital Map/Photo,  Topographic Map,  Land Survey  
 Est. Accuracy:  <3 m,  3-5 m,  5-15 m,  >15 m

**2 WATER WELL OWNER:** Richard Ancell  
 RR#, Street Address, Box #: 875 E. Kale Lane  
 City, State, ZIP Code : Sylvan Grove, KS 67481

**3 LOCATE WELL WITH AN "X" IN SECTION BOX:**  
N

NW	NE
SW	SE

S  
-----1 mile-----

**4 DEPTH OF COMPLETED WELL** 125 ..... ft.  
 Depth(s) Groundwater Encountered (1) 15 ..... ft. (2) ..... ft. (3) ..... ft.  
 WELL'S STATIC WATER LEVEL 15 ..... ft. below land surface measured on mo/day/yr. 08/31/11 .....  
 Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm  
 EST. YIELD 8 ..... gpm. Well water was ..... ft. after ..... hours pumping ..... gpm  
 Bore Hole Diameter ..... in. to ..... 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 stock  
 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 .5 ..... in. to .45 ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
 Casing height above land surface 12 ..... in., Weight 2.8 ..... lbs./ft., Wall thickness or gauge No. Sch. 40 .....  
**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 .45 ..... ft. to 125 ..... ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
**GRAVEL PACK INTERVALS:** From .20 ..... ft. to 125 ..... 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 .0 ..... ft. to 20 ..... 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    none - in pasture  
 Direction from well ..... Distance from well .....

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	top soil			
2	18	clay			
18	40	shale			
40	125	sand rock with shale streaks			

**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) 08/31/11 ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 186 ..... This Water Well Record was completed on (mo/day/year) 09/05/11 ..... under the business name of Kelly's Water Well Service, Inc. .... by (signature) *Kathleen L. Wood* .....

**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>.