

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

1 LOCATION OF WATER WELL:	Fraction County: Lincoln $\frac{1}{4}$ SW $\frac{1}{4}$ SW $\frac{1}{4}$ SW $\frac{1}{4}$	Section Number 25	Township Number T 12 S	Range Number R 10 <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 **3 miles south Sylvan Grove—east off highway**

2 WATER WELL OWNER: Tom Carney C-Lazy V Ranch
RR#, St. Address, Box # **680 E Iron Drive**
City, State, ZIP Code **Sylvan Grove, KS 67481**

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

<p>3 LOCATE WELL WITH AN "X" IN SECTION BOX:</p> <div style="text-align: center;"> <p>N</p> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 2px;">NW</td> <td style="padding: 2px;">NE</td> </tr> <tr> <td style="padding: 2px;">SW</td> <td style="padding: 2px;">SE</td> </tr> </table> <p style="text-align: center;">S</p> <p>-----1 mile-----</p> </div>	NW	NE	SW	SE	<p>4 DEPTH OF COMPLETED WELL 90 ft.</p> <p>Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft.</p> <p>WELL'S STATIC WATER LEVEL NA ft. below land surface measured on mo/day/yr _____</p> <p>Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm</p> <p>EST. YIELD _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm</p> <p>WELL WATER TO BE USED AS: <input type="checkbox"/> Public water supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Injection well <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below) _____ <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Domestic-lawn & garden <input type="checkbox"/> Monitoring well _____</p> <p>Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, mo/day/yr sample was submitted _____</p> <p>Water Well Disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
NW	NE				
SW	SE				

5 TYPE OF CASING USED: Steel PVC Other _____

CASING JOINTS: Glued Clamped Welded Threaded

Casing diameter **4.5** in. to **70** ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.
 Casing height above land surface **18** in., Weight **2.38** lbs./ft. Wall thickness or gauge No. **.248**

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 **70** ft. to **90** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **20** ft. to **90** 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** _____

Direction from well _____ Distance from well _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	Surface			
2	13	Clay			
13	18	Clay & caliche w/sand lenses			
18	30	Yellow ochrew/grey shale			
30	40	Fine sand & sandstone w/shale strks			
40	60	Shale w/sandstone strks			
60	90	Fine sand & sandstone w/shale lenses			

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) **9/23/10** and this record is true to the best of my knowledge and belief.

Kansas Water Well Contractor's License No. **554 or 783**. This Water Well Record was completed on (mo/day/year) **9/27/10** under the business name of **Woofter Pump & Well Inc.** by (signature) _____

INSTRUCTIONS: 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 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>.