

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources; App. No.  

<b>1 LOCATION OF WATER WELL:</b> County: <u>Wallace</u>	Fraction <u>NE 1/4 SE 1/4 SE 1/4</u>	Section Number <u>26</u>	Township Number <u>T 13 S</u>	Range Number <u>R 40 E</u>
Distance and direction from nearest town or city street address of well if located within city? <u>1 mile east of Sharon Springs</u>		<b>Global Positioning Systems</b> (decimal degrees, min. of 4 digits) Latitude: <u>38.89001</u> Longitude: <u>101.72334</u> Elevation: _____ Datum: _____ Data Collection Method: <u>hand held GPS</u>		
<b>2 WATER WELL OWNER:</b> RR#, St. Address, Box # : <u>Jim Harrison 2550 Rd 29</u> City, State, ZIP Code : <u>Wallace, KS 67761</u>				

<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>	<b>4 DEPTH OF COMPLETED WELL</b> ..... <u>48</u> ..... ft.						
<table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="text-align: center;">N</td></tr> <tr><td style="text-align: center;"> </td></tr> <tr><td style="text-align: center;"> </td></tr> <tr><td style="text-align: center;"> </td></tr> <tr><td style="text-align: center;"> </td></tr> <tr><td style="text-align: center;">S</td></tr> </table>	N					S	Depth(s) Groundwater Encountered (1) <u>29</u> ..... ft. (2) ..... ft. (3) ..... ft. WELL'S STATIC WATER LEVEL ..... <u>29</u> ..... ft. below land surface measured on mo/day/yr. <u>5-12-11</u> Pump test data: Well water was ..... <u>34</u> ..... ft. after ..... <u>1</u> ..... hours pumping ..... <u>25</u> ..... gpm Est. Yield ..... 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 <u>1 Domestic</u> 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 <u>X</u> .....; If yes, mo/day/yr Sample was submitted ..... Water well disinfected? Yes <u>X</u> ..... No .....
N							
S							

<b>5 TYPE OF CASING USED:</b>	5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued <u>X</u> ..... Clamped ..... Welded ..... Threaded .....
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)
<u>2 PVC</u>	4 ABS	7 Fiberglass	
Blank casing diameter ..... <u>9.5</u> in. to ..... <u>28.48</u> ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft. Casing height above land surface ..... <u>24</u> in., Weight ..... <u>265</u> lbs./ft. Wall thickness or gauge No. <u>281</u>			
<b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>			
1 Steel	3 Stainless Steel	5 Fiberglass	<u>7 PVC</u>
2 Brass	4 Galvanized Steel	6 Concrete tile	8 RM (SR)
SCREEN OR PERFORATION OPENINGS ARE: <u>.020</u>			
1 Continuous slot	3 Mill slot	5 Gauzed wrapped	7 Torch cut
2 Louvered shutter	4 Key punched	6 Wire wrapped	<u>8 Saw Cut</u>
SCREEN-PERFORATED INTERVALS: From ..... <u>28</u> ..... ft. to ..... <u>48</u> ..... ft., From ..... ft. to ..... ft. From ..... ft. to ..... ft., From ..... ft. to ..... ft. GRAVEL PACK INTERVALS: From ..... <u>23</u> ..... ft. to ..... <u>48</u> ..... ft., From ..... ft. to ..... ft. From ..... ft. to ..... ft., From ..... ft. to ..... ft.			

<b>6 GROUT MATERIAL:</b>	1 Neat cement	2 Cement grout	3 <u>Bentonite</u>	4 Other .....
Grout Intervals: From ..... <u>0</u> ..... ft. to ..... <u>23</u> ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.				
What is the nearest source of possible contamination:				
<u>1 Septic tank</u>	4 Lateral lines	7 Pit privy	10 Livestock pens	13 Insecticide Storage
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 well/gas well
Direction from well? ..... <u>300'</u> <u>East</u> ..... How many feet? ..... <u>300'</u> .....				

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	27	clay			
27	28	sand			
28	30	clay			
30	44	sand + clay strips			
44	48	shale			

**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) ... 5-12-11 ... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... 213 .... This Water Well Record was completed on (mo/day/year) ... 5-24-11 ... under the business name of Kemps Well Service by (signature) George Kemp

**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.kdhe.state.ks.us/geo/waterwells>.