

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: <u>Moppherson</u>		Fraction <u>Ne 1/4 Ne 1/4 Se 1/4</u>		Section Number <u>32</u>	Township Number <u>T 17 S</u>	Range Number <u>R 1 E/W</u>															
Distance and direction from nearest town or city street address of well if located within city? <u>1 W 1 1/2 S Roxbury</u>				Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____																	
2 WATER WELL OWNER: <u>Justin + Susan Burch</u> RR#, St. Address, Box #: <u>2421 26th Ave</u> City, State, ZIP Code: <u>Gypsum, Ke. 67442</u>																					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <div style="display: flex; align-items: center; justify-content: center;"> <div style="text-align: center; margin-right: 10px;">W</div> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td>--NW--</td><td>--NE--</td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td>--SW--</td><td>--SE--</td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> <div style="text-align: center; margin-left: 10px;">E</div> </div> S					--NW--	--NE--					--SW--	--SE--					4 DEPTH OF COMPLETED WELL <u>65</u> ft. Depth(s) Groundwater Encountered (1) <u>18</u> ft. (2) <u>30</u> ft. (3) <u>32</u> ft. WELL'S STATIC WATER LEVEL <u>10</u> ft. below land surface measured on mo/day/yr <u>3-22-08</u> Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield <u>20</u> 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 _____ Was a chemical/bacteriological sample submitted to Department? Yes <u>No</u> ; If yes, mo/day/yr _____ Sample was submitted _____ Water well disinfected? <u>Yes</u> No _____				
--NW--	--NE--																				
--SW--	--SE--																				
5 TYPE OF CASING USED:																					
1 Steel		3 RMP (SR)		5 Wrought Iron		8 Concrete tile															
2 PVC		4 ABS		6 Asbestos-Cement		9 Other (specify below)															
		5		7 Fiberglass		CASING JOINTS: Glued <u>X</u> Clamped _____															
Blank casing diameter _____ in. to _____ ft.		Diameter <u>15</u> in. to _____ ft.		Diameter <u>65</u> in. to _____ ft.		Welded _____															
Casing height above land surface <u>12</u> in.		Weight <u>CDR 26</u> lbs./ft.		Wall thickness or gauge No. <u>214</u>		Threaded _____															
TYPE OF SCREEN OR PERFORATION MATERIAL:																					
1 Steel		3 Stainless Steel		5 Fiberglass		7 PVC															
2 Brass		4 Galvanized Steel		6 Concrete tile		8 RM (SR)															
						9 ABS															
						10 Asbestos-Cement															
						11 Other (Specify) _____															
						12 None used (open hole)															
SCREEN OR PERFORATION OPENINGS ARE:																					
1 Continuous slot		3 Mill slot		5 Gauzed wrapped		7 Torch cut															
2 Louvered shutter		4 Key punched		6 Wire wrapped		8 Saw Cut															
						9 Drilled holes															
						11 None (open hole)															
						10 Other (specify) _____															
SCREEN-PERFORATED INTERVALS: From <u>15</u> ft. to <u>35</u> ft., From _____ ft. to _____ ft.																					
From _____ ft. to _____ ft., From _____ ft. to _____ ft.																					
GRAVEL PACK INTERVALS: From <u>12</u> ft. to <u>65</u> ft., From _____ ft. to _____ 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 <u>0</u> ft. to <u>12</u> ft., From _____ ft. to _____ 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															
2 Sewer lines		5 Cess pool		8 Sewage lagoon		11 Fuel storage															
3 Watertight sewer lines		6 Seepage pit		9 Feedyard		12 Fertilizer Storage															
						13 Insecticide Storage															
						14 Abandoned water well below															
						15 Oil well/gas well															
						16 Other (specify _____)															
Direction from well? <u>None within</u>				How many feet? <u>500' in pasture</u>																	
FROM	TO	LITHOLOGIC LOG		FROM	TO	PLUGGING INTERVALS															
<u>0</u>	<u>12</u>	<u>yellow Clay</u>																			
<u>12</u>	<u>18</u>	<u>Blue Shale</u>																			
<u>18</u>	<u>20</u>	<u>Crumbled Shale & Water</u>																			
<u>20</u>	<u>30</u>	<u>Blue Shale</u>																			
<u>30</u>	<u>31</u>	<u>Some Water</u>																			
<u>31</u>	<u>65</u>	<u>Blue Shale</u>																			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>3-22-08</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>180</u> . This Water Well Record was completed on (mo/day/year) <u>3-22-08</u> under the business name of <u>Backhoe Drilling</u> by (signature) <u>Paul H. Bardsley</u>																					
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 <u>constructed</u> well. Visit us at http://www.kdheks.gov/waterwell/index.html .																					