

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

1 LOCATION OF WATER WELL: County: McPherson Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> . 2 miles West & 1-1/2 mile North of Roxbury	Fraction $\frac{1}{4}$ NE $\frac{1}{4}$ NE $\frac{1}{4}$ SE $\frac{1}{4}$	Section Number 18	Township No. T 17 S	Range Number R 1 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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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: Heather Nichols RR#, Street Address, Box #: PO Box 139 City, State, ZIP Code: Canton, KS 67428	3 LOCATE WELL WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> </div>
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4 DEPTH OF COMPLETED WELL **58** ft.
 Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.
 WELL'S STATIC WATER LEVEL... **33**..... ft. below land surface measured on mo/day/yr. **9/4/12**.....
 Pump test data: Well water was..... ft. after..... hours pumping..... gpm
 EST. YIELD... **3-5**..gpm. Well water was..... ft. after..... hours pumping..... gpm
 Bore Hole Diameter ..**9**.....in. to ..**58**.....ft., andin. toft.
 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**38**..... ft., Diameter in. to ft., Diameter in. to ft.
 Casing height above land surface....**12**..... in., Weight ..**2.37**.....lbs./ft., Wall thickness or gauge No.**.214**.....
 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...**38**..... ft. to ...**58**..... ft., From ft. to ft.
 From..... ft. to ft., From ft. to ft.
 GRAVEL PACK INTERVALS: From...**20**..... ft. to ...**58**..... 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 **Future location**
 Direction from well **West**..... Distance from well **150'**.....

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	Topsoil			
2	21	Sandy clay, tan			
21	38	Clay, green			
38	56	Shale & Limestone, fractured			
56	60	Shale, gray			

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) ..**9/4/12**..... and this record is true to the best of my knowledge and belief.
 Kansas Water Well Contractor's License No. ...**138**..... This Water Well Record was completed on (mo/day/year) ...**9/7/12**.....
 under the business name of**Peterson Irrigation, Inc.**..... by (signature) *M. Peterson*.....

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 785-296-5524. 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>.