

SVD-34

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

1 LOCATION OF WATER WELL: County: McPherson	Fraction NE ¼ NW ¼ ¼ ¼	Section Number 22	Township No. T 18 S	Range Number R 3 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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"/> 1500 feet East and 500 feet south of 15th Street and Pueblo Road, McPherson, Kansas		Global Positioning System (GPS) information: Latitude: 38.476409 (in decimal degrees) Longitude: 97.642208 (in decimal degrees) Elevation: 1516.78 Datum: <input checked="" type="checkbox"/> WGS 84, <input checked="" type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27 Collection Method: <input checked="" type="checkbox"/> GPS unit (Make/Model:) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input checked="" type="checkbox"/> Land Survey Est. Accuracy: <input checked="" type="checkbox"/> <3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m		
2 WATER WELL OWNER: CENWK - Kansas City Division RR#, Street Address, Box #: 601 E 12th Street - Room 460 City, State, ZIP Code : Kansas City, Missouri 64106				

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

	<input checked="" type="checkbox"/>		
W	--NW--	--NE--	E
	--SW--	--SE--	
	S		

1 mile

4 DEPTH OF COMPLETED WELL 63 ft.

Depth(s) Groundwater Encountered (1) 32 ft. (2)..... ft. (3)..... ft.

WELL'S STATIC WATER LEVEL NA ft. below land surface measured on mo/day/yr.

Pump test data: Well water was NA ft. after..... hours pumping..... gpm

EST. YIELD NA gpm. Well water was..... ft. after..... hours pumping..... gpm

Bore Hole Diameter 8 in. to 70 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

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 4 in. to 43 ft., Diameter..... in. to..... ft., Diameter..... in. to..... ft.

Casing height above land surface -0.5 in., Weight 2 lbs./ft., Wall thickness or gauge No.

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 63 ft. to 43 ft., From..... ft. to..... ft.
From..... ft. to..... ft., From..... ft. to..... ft.

GRAVEL PACK INTERVALS: From 70 ft. to 40 ft., From..... ft. to..... ft.
From..... ft. to..... ft., From..... ft. to..... ft.

6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other 30% Bentonite Solids

Grout Intervals: From 40 ft. to 3 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

Direction from well..... Distance from well.....

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	1	Topsoil			
1	28	clay			
28	66	sandy clay			
66	70	clayey shale			

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) 6.12.13 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 597. This Water Well Record was completed on (mo/day/year) 6.12.13 under the business name of Boart Longyear by (signature) *Boart Longyear*

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. I include fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>.