

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources App. No.  

<b>1 LOCATION OF WATER WELL:</b> County: <b>Scott</b>	Fraction <b>¼ SE ¼ NW ¼ NE ¼</b>	Section Number <b>26</b>	Township No. <b>T 18 S</b>	Range Number <b>R 33</b> <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"/> <b>W Rd. 140 &amp; Kansas Rd. West 2600', South 1000', East 880'</b>		<b>Global Positioning System (GPS) information:</b> Latitude: ..... (in decimal degrees) Longitude: ..... (in decimal degrees) Elevation: ..... Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27 Collection Method: <input type="checkbox"/> GPS unit (Make/Model: .....) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m		
<b>2 WATER WELL OWNER:</b> <b>Ben Spare</b> RR#, Street Address, Box #: <b>8180 S. Hereford Rd.</b> City, State, ZIP Code : <b>Scott City, KS 67871</b>				

<b>3 LOCATE WELL WITH AN "X" IN SECTION BOX:</b> 	<b>4 DEPTH OF COMPLETED WELL</b> <b>200 (5)</b> ..... ft. Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL <b>N/A</b> .....ft. below land surface measured on mo/day/yr..... Pump test data: Well water was.....ft. after..... hours pumping..... gpm EST. YIELD. <b>N/A</b> ...gpm. Well water was.....ft. after..... hours pumping..... gpm Bore Hole Diameter <b>5</b> .....in. to <b>200</b> .....ft., and .....in. to .....ft. WELL WATER TO BE USED AS: <input type="checkbox"/> Public water supply <input checked="" type="checkbox"/> Geothermal <input type="checkbox"/> Injection well <input 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 ..... 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..... Water well disinfected? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**5 TYPE OF CASING USED:**  Steel  PVC  Other **Geothermal Loop (5)**.....

CASING JOINTS:  Glued  Clamped  Welded  Threaded

Casing diameter **3/4**..... in. to **200**..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
 Casing height above land surface **60**..... in., Weight **200**.....lbs./ft., Wall thickness or gauge No. **SDR21**.....

TYPE OF SCREEN OR PERFORATION MATERIAL:  
 Steel  Stainless Steel  PVC  Other (Specify) **N/A**  
 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) **N/A**.....

SCREEN-PERFORATED INTERVALS: From..... ft. to ..... ft., From ..... ft. to ..... ft.  
 From..... ft. to ..... ft., From ..... ft. to ..... ft.

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

**6 GROUT MATERIAL:**  Neat cement  Cement grout  Bentonite  Other **Geothermal Grout (5)**.....

Grout Intervals: From **0**..... ft. to **200**..... 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 **West**..... Distance from well **125'**.....

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	Top Soil			Streaks
2	56	Brown Sandy Clay	143	146	Cemented Sand
56	59	Fine To Medium Sand	146	163	Medium To Coarse Sand Small Gravel
59	102	Brown Clay Gypsum Cemented Sand Str			Few Brown Clay Streaks
102	110	Cemented Sand And Gypsum	163	171	Brown Clay
110	117	Medium Sand With Small Gravel Few	171	183	Yellow Soap Stone
		Cemented Sand Streaks	183	200	Black Shale
117	120	Cemented Sand			
120	138	Brown Clay With Cemented Sand Str.			
138	143	Fine To Medium Sand Few Brown Clay			

**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) **12-4-19**..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **532**..... This Water Well Record was completed on (mo/day/year) **12-10-19**..... under the business name of **Midwest Well & Pump Inc.** by (signature)

**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 785-296-5522. 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>.