WATER WELL RECORD Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL:

County: **McPherson**

Fraction: NE ¼ **NW** ¼ **NE** ¼

Section Number: **25** Township Number: T **18** S Range Number: R **4** W

Distance and direction from nearest town or city street address of well if located within city? **6 miles North & 2 miles West of McPherson, Ks.**

Global Positioning Systems (decimal degrees, min. of 4 digits)
Latitude: _____
Longitude: _____
Elevation: _____
Datum: _____
Data Collection Method: _____

2 WATER WELL OWNER: Devra Shelter

RR#, St. Address, Box # : **PO Box 193**
City, State, ZIP Code : **Lyndon, Ks. 66451**

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

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        N
   |   | X |   |
 W | NW| NE|   | E
   |---|---|---|
   | SW| SE|   |
        S
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4 DEPTH OF COMPLETED WELL ....**160**.................. ft.

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

WELL'S STATIC WATER LEVEL.....**104**..... ft. below land surface measured on mo/day/yr...**8/28/08**

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

Est. Yield.**30-40**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
XDomestic   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 ..**X**....; If yes, mo/day/yrs
Sample was submitted......................   Water well disinfected? Yes ..**X**..... No ....

5 TYPE OF CASING USED:

5 Wrought Iron   8 Concrete tile   CASING JOINTS: Glued...**X**... Clamped........
1 Steel   3 RMP (SR)   6 Asbestos-Cement   9 Other (specify below)   Welded......................
XPVC   4 ABS   7 Fiberglass   ....   Threaded......................

Blank casing diameter ...**5**.......... in. to ....**140**...... ft., Diameter............. in. to .... ft., Diameter............. in. to ....ft.
Casing height above land surface............**12**....... in., Weight ....**237**.....lbs./ft.   Wall thickness or guage No. ..**214**...............

TYPE OF SCREEN OR PERFORATION MATERIAL:
1 Steel   3 Stainless Steel   5 Fiberglass   **X**PVC   9 ABS   11 Other (Specify) ....
2 Brass   4 Galvanized Steal   6 Concrete tile   8 RM (SR)   10 Asbestos-Cement   12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:
1 Continuous slot   **X**Mill slot   5 Gauzed wrapped   7 Torch cut   9 Drilled holes   11 None (open hole)
2 Louvered shutter   4 Key punched   6 Wire wrapped   8 Saw Cut   10 Other (specify) ....

SCREEN-PERFORATED INTERVALS: From.......**140**...... ft. to .....**160**......... ft., From .... ft. to .... ft.
From............... ft. to .... ft., From .... ft. to .... ft.

GRAVEL PACK INTERVALS: From.......**22**...... ft. to .....**160**......... ft., From .... ft. to .... ft.
From............... ft. to .... ft., From .... ft. to .... ft.

6 GROUT MATERIAL: 1 Neat cement   2 Cement grout   **X**Bentonite   4 Other ....

Grout Intervals: From ......**0**....... ft. to ....**22**....... 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   13 Insecticide Storage   16 Other (specify
2 Sewer lines   5 Cess pool   **X**Sewage lagoon   11 Fuel storage   14 Abandoned water well   below)
3 Watertight sewer lines   6 Seepage pit   9 Feedyard   12 Fertilizer Storage   15 Oil well/gas well   ....

Direction from well? ....**South**...................   How many feet? ...**300**..ft.

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5	Topsoil			
5	37	Clay, brown			
37	104	Clay, tan			
104	137	Clay, Red, hard			
137	157	Sand, fine to medium tan			
157	160	Shale, red			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:

This water well was (**X**) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) ..**9/2/08**..... 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) .**9/4/08**.............
under the business name of **Peterson Irrigation, Inc.** by (signature) *Mike Peterson*

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.kdheks.gov/waterwell/index.html.

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