

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No. **MW 34 I**

1 LOCATION OF WATER WELL:		Fraction		Section Number	Township Number	Range Number
County: Barton		¼ SE ¼ SE ¼ SE ¼		25	T 19 S	R 14 ☐ E ☐ XW
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐ <i>East of 10th & Barton Rd - approx 300 ft north of west side</i>				Global Positioning System (GPS) information:		
2 WATER WELL OWNER: EPA Region 7 RR#, St. Address, Box # : 901 North 5 th St City, State, ZIP Code : Ks City, Ks 66101				Latitude: _____ (in decimal degrees)		
				Longitude: _____ (in decimal degrees)		
				Elevation: _____		
				Datum: ☒ WGS 84, ☐ NAD 83, ☐ NAD 27		
				Collection Method:		
				☒ GPS unit (Make/Model: Garmin 60SCx)		
				☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey		
				Est. Accuracy: ☒ <3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ >15 m		
3 LOCATE WELL WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL _____ 60 ft.				
		Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft.				
		WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr _____				
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm				
		EST. YIELD _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm				
		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 MW-34 I				
		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 2 in. to 40 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.						
Casing height above land surface 0 in., Weight .716 lbs./ft. Wall thickness or gauge No. .154						
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 40 ft. to 60 ft., From _____ ft. to _____ ft.						
From _____ ft. to _____ ft., From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS:						
From 38 ft. to 60 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 .5 ft. From .5 ft. to 38 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 Contaminated site						
Direction from well _____ Distance from well _____						
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS	
0	.5	Cement				
.5	5	loess				
5	24	fine to med sand & med gravel				
24	38	Fine to med sd & med gravel w/clay				
		Lenses				
38	60	Fine to med sand & med gravel w/clay				
		strks				
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) 07-09-10 and this record is true to the best of my knowledge and belief.						
Kansas Water Well Contractor's License No. 554 or 783 . This Water Well Record was completed on (mo/day/year) 7-16-10						
under the business name of Woofter Pump & Well Inc. by (signature) _____						
INSTRUCTIONS: 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 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 .						