

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No. **MW 101 D**

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: Barton		1/4 SW 1/4 SE 1/4 SE 1/4		3		T 20 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>approx 4.20 ft north of SW 20th Rd - approx 1200 ft west of Airport Rd.</i>				Global Positioning System (GPS) information:					
2 WATER WELL OWNER: EPA Region 7 RR#, St. Address, Box # : 901 North 5th 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					
3 LOCATE WELL WITH AN "X" IN SECTION BOX:				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					
		4 DEPTH OF COMPLETED WELL 100 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-101 D							
		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 75 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 75 ft. to 100 ft., From _____ ft. to _____ ft.							
		From _____ ft. to _____ ft., From _____ ft. to _____ ft.							
		GRAVEL PACK INTERVALS:							
		From 73 ft. to 100 ft., From _____ ft. to _____ ft.							
		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 _____		Grout Intervals From 0 ft. to .5 ft. From .5 ft. to 73 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 ☐ Sepage pit ☐ Feedyard ☐ Fertilizer storage ☐ Oil well/gas well Contaminated site							
Direction from well _____		Distance from well _____							
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) 06-29-10 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 Woolter Pump & Well Inc.		by (signature) <i>Jon Woolter</i>							
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 .									