

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

1 LOCATION OF WATER WELL: County: Ness		Fraction NE ¼ SW ¼ NE ¼ NE ¼		Section Number 30	Township No. T 20 S	Range Number R 24 <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"/>. Rd 20, 1 Mile East				Global Positioning System (GPS) information: Latitude: N 38 Deg 17.364 (in decimal degrees) Longitude: W 100 Deg 00.548 (in decimal degrees) Elevation: 2386 Ft. Datum: <input type="checkbox"/> WGS 84, <input 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 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																																																																				
2 WATER WELL OWNER: Gerome Copeland RR#, Street Address, Box #: 11812 20 Rd City, State, ZIP Code : Ness City, KS 67560																																																																								
3 LOCATE WELL WITH AN "X" IN SECTION BOX: N <div style="text-align: center;"> </div> W E S 1 mile		4 DEPTH OF COMPLETED WELL 530 ft. Depth(s) Groundwater Encountered (1) 320 ft. (2) 460 ft. (3) _____ ft. WELL'S STATIC WATER LEVEL 175 ft. below land surface measured on mo/day/yr _____ Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm EST. YIELD 25 gpm. Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter 10 in. to _____ ft. and _____ in. to _____ ft. WELL WATER TO BE USED AS: <input type="checkbox"/> Public water supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Injection well <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																						
5 TYPE OF CASING USED: <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other _____ CASING JOINTS: <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded Casing diameter 5 in. to _____ ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface 12 in., Weight _____ lbs./ft., Wall thickness or gauge No. SDR 17 0-460 TYPE OF SCREEN OR PERFORATION MATERIAL: <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) SDR 13.5 460-530 <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: <input type="checkbox"/> Continuous slot <input type="checkbox"/> Mill slot <input type="checkbox"/> Gauze wrapped <input type="checkbox"/> Torch cut <input type="checkbox"/> Drilled holes <input type="checkbox"/> None (open hole) <input type="checkbox"/> Louvered shutter <input type="checkbox"/> Key punched <input type="checkbox"/> Wire wrapped <input checked="" type="checkbox"/> Saw cut <input type="checkbox"/> Other (specify) _____ SCREEN-PERFORATED INTERVALS: From 320 ft. to 360 ft., From 460 ft. to 530 ft. GRAVEL PACK INTERVALS: From 30 ft. to 530 ft., From _____ ft. to _____ ft. 6 GROUT MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ Grout Intervals: From 0 ft. to 30 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. What is the nearest source of possible contamination: <input type="checkbox"/> Septic tank <input type="checkbox"/> Lateral lines <input type="checkbox"/> Pit privy <input type="checkbox"/> Livestock pens <input type="checkbox"/> Insecticide storage <input type="checkbox"/> Other (specify below) _____ <input type="checkbox"/> Sewer lines <input type="checkbox"/> Cesspool <input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Fuel storage <input type="checkbox"/> Abandoned water well _____ <input type="checkbox"/> Watertight sewer lines <input type="checkbox"/> Seepage pit <input type="checkbox"/> Feedyard <input type="checkbox"/> Fertilizer storage <input type="checkbox"/> Oil well/gas well <input checked="" type="checkbox"/> NONE Direction from well _____ Distance from well _____																																																																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">FROM</th> <th style="width: 10%;">TO</th> <th style="width: 40%;">LITHOLOGIC LOG</th> <th style="width: 10%;">FROM</th> <th style="width: 10%;">TO</th> <th style="width: 20%;">LITHO. LOG (cont.) or PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>60</td> <td>Top Soil, Tan Clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>60</td> <td>255</td> <td>Blue Shale</td> <td></td> <td></td> <td></td> </tr> <tr> <td>255</td> <td>260</td> <td>Rock Layers</td> <td></td> <td></td> <td></td> </tr> <tr> <td>260</td> <td>320</td> <td>Blue Shale</td> <td></td> <td></td> <td></td> </tr> <tr> <td>320</td> <td>360</td> <td>Gray Sandstone</td> <td></td> <td></td> <td></td> </tr> <tr> <td>360</td> <td>460</td> <td>Blue Shale</td> <td></td> <td></td> <td></td> </tr> <tr> <td>460</td> <td>530</td> <td>Gray Sandstone</td> <td></td> <td></td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>							FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS	0	60	Top Soil, Tan Clay				60	255	Blue Shale				255	260	Rock Layers				260	320	Blue Shale				320	360	Gray Sandstone				360	460	Blue Shale				460	530	Gray Sandstone																					
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/year) 08-20-2012 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 846 This Water Well Record was completed on (mo/day/year) 11-27-2012 under the business name of Nash Water Well Service, LLC by (signature) <i>[Signature]</i>																																																																								
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. Include fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html .																																																																								