

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: McPherson		Fraction NW 1/4 NE 1/4 NW 1/4	Section Number 9	Township Number T 20 S	Range Number R 5 NE EW										
Distance and direction from nearest town or city street address of well if located within city? 3.5 miles South & 1.5 miles East of Windom, Ks.			Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____												
2 WATER WELL OWNER: Tom & Joyce Wilson RR#, St. Address, Box # : 988 15th Ave. City, State, ZIP Code : McPherson, Ks. 67460															
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N W <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="text-align: center;">X</td><td></td></tr><tr><td style="text-align: center;">-- NW --</td><td style="text-align: center;">-- NE --</td></tr><tr><td style="text-align: center;"> </td><td style="text-align: center;"> </td></tr><tr><td style="text-align: center;">-- SW --</td><td style="text-align: center;">-- SE --</td></tr><tr><td style="text-align: center;"> </td><td style="text-align: center;"> </td></tr></table> E S		X		-- NW --	-- NE --			-- SW --	-- SE --			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. 8/29/07 Pump test data: Well water was..... ft. after..... hours pumping..... gpm Est. Yield: 4-6 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 <input checked="" type="checkbox"/> Domestic 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/yr Sample was submitted..... Water well disinfected? Yes ..X.. No			
X															
-- NW --	-- NE --														
-- SW --	-- SE --														
5 TYPE OF CASING USED: 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) <input checked="" type="checkbox"/> PVC 4 ABS 7 Fiberglass Blank casing diameter ... 5 in. to 40 ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface..... 12 in., Weight..... 2.37 lbs./ft. Wall thickness or gauge No. .214 TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass <input checked="" type="checkbox"/> PVC 9 ABS 11 Other (Specify) 2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot <input checked="" type="checkbox"/> Mill slot 5 Guazed 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 40 ft. to 60 ft., From ft. to ft. GRAVEL PACK INTERVALS: From 24 ft. to 60 ft., From ft. to ft. From ft. to ft., From ft. to ft.															
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> Bentonite 4 Other Grout Intervals: From 1 ft. to 24 ft., From ft. to ft., From ft. to ft. What is the nearest source of possible contamination: None within 1/4 mile 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify below) 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well Direction from well? How many feet?															
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS										
0	4	Topsoil													
4	10	Clay, brown													
10	22	Shale, green													
22	35	Shale, green & gray													
35	54	Shale, red & gray													
54	56	Shale, green/fractured (vein)													
56	80	Shale, gray													
80	100	Shale, gray w/gypsum													
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 8/29/07 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) 8/30/07 under the business name of Peterson Irrigation, Inc. by (signature) <i>Mike Peterson</i> INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> 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 <u>constructed</u> well. Visit us at http://www.kdhe.state.ks.us/geo/waterwells .															