

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: <u>McPherson</u> Distance and direction from nearest town or city street address of well if located within city? <u>7 mi. W of Groveland</u> <u>830 4th Ave</u>	Fraction <u>SW¹/₄ NW¹/₄ SW¹/₄</u>	Section Number <u>23</u>	Township Number <u>T 20 S</u>	Range Number <u>R 5 E/W</u>
2 WATER WELL OWNER: <u>Wayland Slabach</u> RR#, St. Address, Box # : <u>830 4th Ave</u> City, State, ZIP Code : <u>Winonda, KS 67491</u>		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____		

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 25px; text-align: center;">NW</td> <td style="width: 25px; text-align: center;">NE</td> </tr> <tr> <td style="width: 25px; text-align: center;">SW</td> <td style="width: 25px; text-align: center;">SE</td> </tr> </table> S	NW	NE	SW	SE	4 DEPTH OF COMPLETED WELL <u>104</u> ft. Depth(s) Groundwater Encountered (1)_____ ft. (2)_____ ft. (3)_____ ft. WELL'S STATIC WATER LEVEL <u>NA</u> 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: 5 Public water supply 8 Air conditioning 11 Injection well ☒ 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 ☒ ; If yes, mo/day/yr _____ Sample was submitted _____ Water well disinfected? Yes ☒ No _____
NW	NE				
SW	SE				

5 TYPE OF CASING USED: 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) ☒ PVC 4 ABS 7 Fiberglass	5 Wrought Iron 8 Concrete tile 6 Asbestos-Cement 9 Other (specify below)	CASING JOINTS: Glued ☒ Clamped _____ Welded _____ Threaded _____
Blank casing diameter <u>6</u> in. to <u>3.3</u> ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface _____ in., Weight _____ lbs./ft. Wall thickness or gauge No. _____		
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify) _____ 2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement ☒ None used (open hole)		
SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes ☒ None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw cut 10 Other (specify) _____		
SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.		
GRAVEL PACK INTERVALS: From <u>2.3</u> ft. to <u>2.8</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.		

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout ☒ Bentonite 4 Other _____ Grout Intervals: From <u>3</u> ft. to <u>2.3</u> ft., From <u>2.8</u> ft. to <u>3.3</u> ft., From _____ ft. to _____ ft.	What is the nearest source of possible contamination: ☒ 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? <u>NE</u> How many feet? <u>125</u>
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FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5	Br & Gr Clay			
5	9	Br Silt			
9	25	Rocky Br & Gr Clay			
25	27	Red Clay			
27	104	Shale			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☒ constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>8-4-08</u> and this record is true to the best of my knowledge and belief.	Kansas Water Well Contractor's License No. <u>447</u> This Water Well Record was completed on (mo/day/year) <u>8-5-08</u> under the business name of <u>Miller Drilling</u> by (signature) <u>[Signature]</u>
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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>.