

## WATER WELL RECORD

## Form WWC-5

Division of Water Resources; App. No.

9388

<b>1 LOCATION OF WATER WELL:</b>		Fraction	Section Number	Township Number	Range Number
County: Pawnee		NW ¼ SW ¼ SW ¼	36	T 21 S	R 19 <del>W</del>
Distance and direction from nearest town or city street address of well if located within city? 1 South, 1½ East of Rozel			<b>Global Positioning Systems</b> (decimal degrees, min. of 4 digits)		
<b>2 WATER WELL OWNER:</b> Roland Froetschner RR#, St. Address, Box # : 1103 Johnson Ave City, State, ZIP Code : Larned, Ks. 67550			Latitude: _____		
			Longitude: _____		
			Elevation: _____		
			Datum: _____		
			Data Collection Method: _____		

<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> N <table border="1"> <tr> <td>--NW--</td> <td>--NE--</td> </tr> <tr> <td>--SW--</td> <td>--SE--</td> </tr> </table> S	--NW--	--NE--	--SW--	--SE--	<b>4 DEPTH OF COMPLETED WELL</b> ..... 135 ..... ft.	
	--NW--	--NE--				
	--SW--	--SE--				
	Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL..... 46 ..... ft. below land surface measured on mo/day/yr. 11-1-07. Pump test data: Well water was..... 62 ..... ft. after..... 2 ..... hours pumping..... 1200 ..... gpm Est. Yield. 1400 gpm: Well water was..... 66 ..... ft. after..... 3 ..... hours pumping..... 1400 ..... gpm WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 <u>Irrigation</u> 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well .....					
Was a chemical/bacteriological sample submitted to Department? Yes ..... No <u>X</u> .....; If yes, mo/day/yr Sample was submitted..... Water well disinfected? Yes HTH... No .....						

<b>5 TYPE OF CASING USED:</b> 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) 2 PVC 4 ABS 7 Fiberglass		5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued..... <u>X</u> ..... Clamped..... Welded..... Threaded.....
Blank casing diameter ..... 16 ..... in. to ..... 85 ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft. Casing height above land surface ..... 24 ..... in., Weight ..... Sch. 40 ..... lbs./ft. Wall thickness or guage 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 12 None used (open hole)		
SCREEN OR PERFORATION OPENINGS ARE: 1 <u>Continuous slot</u> 3 Mill slot 5 Gauzed 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..... 135 ..... ft. to ..... 85 ..... ft., From ..... ft. to ..... ft. From..... ft. to ..... ft., From ..... ft. to ..... ft. GRAVEL PACK INTERVALS: From..... 135 ..... ft. to ..... 20 ..... ft., From ..... ft. to ..... ft. From..... ft. to ..... ft., From ..... ft. to ..... ft.		

<b>6 GROUT MATERIAL:</b> 1 Neat cement 2 Cement grout 3 Bentonite 4 Other <u>hole plug</u> ..... Grout Intervals: From ..... ft. to ..... ft., From ..... ft. to ..... ft., From ..... 20 ..... ft. to ..... 0 ..... ft.	
What is the nearest source of possible contamination: 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 <u>None</u> 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	3	Top soil			
3	18	Brown clay			
18	19	Sand			
19	33	Green <u>X</u> clay			
33	38	Clay & fine sand mixed			
38	42	Sand & gravel with clay streaks			
42	75	Fine sand			
75	85	Fine to med sand			
85	89	Sand with caly streaks			
89	135	Clay med coarse gravel			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) ..11-1-07..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ...134..... This Water Well Record was completed on (mo/day/year) 11-30-07 under the business name of Rosencrantz- Bemis by (signature) Sora

**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>.