

## WATER WELL RECORD

## Form WWC-5

Division of Water Resources; App. No.

25331

<b>1 LOCATION OF WATER WELL:</b> County: Pawnee	Fraction NW ¼ NW ¼ NW ¼	Section Number 4	Township Number T 22 S	Range Number R 17 <del>XX</del> W
Distance and direction from nearest town or city street address of well if located within city? ½ North, 1/8 East of Frizel, Ks		<b>Global Positioning Systems</b> (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____		
<b>2 WATER WELL OWNER:</b> Virginia Keast RR#, St. Address, Box # : 921 West 6th City, State, ZIP Code : Larned, Ks. 67550				

<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> N <table border="1" style="width:100%; height: 100px; text-align: center;"> <tr> <td style="width:50%;">NW</td> <td style="width:50%;">NE</td> </tr> <tr> <td style="width:50%;">SW</td> <td style="width:50%;">SE</td> </tr> </table> S	NW	NE	SW	SE	<b>4 DEPTH OF COMPLETED WELL</b> .....180..... ft.  Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL.....44..... ft. below land surface measured on mo/day/yr...8-4-10.... Pump test data: Well water was...78' 8" ft. after.....1½..... hours pumping...705..... gpm Est. Yield..849..gpm: Well water was...84' 8" ft. after.....2..... hours pumping...849..... 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 <u>HTH</u> .. No .....
NW	NE				
SW	SE				

<b>5 TYPE OF CASING USED:</b> 1 Steel 3 RMP (SR) 6 Asbestos-Cement 2 <u>PVC</u> 4 ABS 7 Fiberglass	8 Concrete tile 9 Other (specify below)	<b>CASING JOINTS:</b> Glued..... <u>X</u> ..... Clamped..... Welded..... Threaded.....
Blank casing diameter .....16..... in. to .....80..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft. Casing height above land surface.....24..... in., Weight <u>Sch. 40</u> .....lbs./ft. Wall thickness or gauge No. ....		
<b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b> 1 Steel 3 Stainless Steel 5 Fiberglass 7 <u>PVC</u> 9 ABS 11 Other (Specify) ..... 2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)		
<b>SCREEN OR PERFORATION OPENINGS ARE:</b> 1 Continuous slot 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 <u>Saw cut</u> 10 Other (specify) .....		
<b>SCREEN-PERFORATED INTERVALS:</b> From.....180..... ft. to .....80..... ft., From ..... ft. to ..... ft. From..... ft. to ..... ft., From ..... ft. to ..... ft.		
<b>GRAVEL PACK INTERVALS:</b> From.....180..... 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 .....hole plug	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 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/gas well <u>None</u> Direction from well? ..... How many feet? .....
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FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Top soil	112	116	Clay with sand mixed
3	28	Lt brown clay	116	130	Sand with some clay
28	34	Sand	130	136	Yellow, gray, green clay
34	37	Clay	136	180	Brown sand rock, gray clay
37	53	Sand			with white sand rock
53	54	Gray clay			
54	82	Sand with streaks of clay			
82	84	Clay			
84	99	Sand <del>XX</del> with clay			
99	112	Clay			

**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) .....8-6-10..... 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) .....8-20-10.....  
 under the business name of Rosencrantz- Bemis by (signature) Tara Albee

**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>.