

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

1 LOCATION OF WATER WELL: County: Finney 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"/> . Jenny Barker Rd & Rd 9 1/4 West 1/2 South	Fraction 1/4 NW 1/4 NE 1/4 SE 1/4	Section Number 33	Township No. T 22 S	Range Number R 32 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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Global Positioning System (GPS) information:
 Latitude: 38.09668 (in decimal degrees)
 Longitude: 100.83295 (in decimal degrees)
 Elevation:
 Datum: ☐ WGS 84, ☐ NAD 83, ☐ NAD 27
 Collection Method:
☒ GPS unit (Make/Model: Garmin)
☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey
 Est. Accuracy: ☐ <3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ >15 m

2 WATER WELL OWNER: Dennis Leighty RR#, Street Address, Box #: P.O. Box 445 City, State, ZIP Code : Ulysses, Ks 67880	3 LOCATE WELL WITH AN "X" IN SECTION BOX: <div style="text-align: center;">N</div> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px;">NW</td> <td style="padding: 5px;">NE</td> </tr> <tr> <td style="padding: 5px;">SW</td> <td style="padding: 5px;">SE</td> </tr> </table> <div style="text-align: center;">S</div> <div style="text-align: center;">[] mile []</div>	NW	NE	SW	SE
NW	NE				
SW	SE				

4 DEPTH OF COMPLETED WELL 215 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.....
 Pump test data: Well water was..... ft. after..... hours pumping..... gpm
 EST. YIELD..... gpm. Well water was..... ft. after..... hours pumping..... gpm
 Bore Hole Diameter 9 7/8 in. to..... ft., and..... in. to..... ft.
 WELL WATER TO BE USED AS: ☐ Public water supply ☐ Geothermal ☐ Injection well
☒ Domestic ☐ Feedlot ☐ Oil field water supply ☐ Dewatering ☐ Other (Specify below)
☐ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☐ 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

5 TYPE OF CASING USED: ☐ Steel ☒ PVC ☐ Other Eagle Loc
CASING JOINTS: ☐ Glued ☐ Clamped ☐ Welded ☐ Threaded
 Casing diameter 5 in. to 215 ft., Diameter..... in. to..... ft., Diameter..... in. to..... ft.
 Casing height above land surface 30 in., Weight SDR 17 lbs./ft., Wall thickness or gauge No.
TYPE OF SCREEN OR PERFORATION MATERIAL:
☐ Steel ☐ Stainless Steel ☒ PVC ☐ Other (Specify)
☐ Brass ☐ Galvanized Steel ☐ None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:
☐ Continuous slot ☒ Mill slot ☐ Gauze wrapped ☐ Torch cut ☐ Drilled holes ☐ None (open hole)
☐ Louvered shutter ☐ Key punched ☐ Wire wrapped ☐ Saw cut ☐ Other (specify)
SCREEN-PERFORATED INTERVALS: From 175 ft. to 215 ft. to..... ft. to..... ft.
 From..... ft. to..... ft., From..... ft. to..... ft.
GRAVEL PACK INTERVALS: From 20 ft. to 215 ft., From..... ft. to..... ft.
 From..... ft. to..... ft., From..... ft. to..... ft.

6 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other
 Grout Intervals: From 0 ft. to 20 ft., From..... ft. to..... ft., From..... ft. to..... ft.
 What is the nearest source of possible contamination:
☐ Septic tank ☐ Lateral lines ☐ Pit privy ☒ Livestock pens ☐ Insecticide storage ☐ Other (specify below)
☐ Sewer lines ☐ Cesspool ☐ Sewage lagoon ☐ Fuel storage ☐ Abandoned water well
☐ Watertight sewer lines ☐ Seepage pit ☐ Feedyard ☐ Fertilizer storage ☐ Oil well/gas well
 Direction from well 120' Distance from well South

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	10	Topsoil & Fine Sand	180	200	Sandy Clay & Cliche
10	20	Brown Sandy Clay	200	210	Sand Little Clay
20	40	Brown Sandy Clay Little Sand & Clic	210	217	Clay
40	60	Brown Sandy Clay Streaks of Sand	217	220	White Rock
60	80	Brown Sandy Clay	220	225	Loss Circulation
80	100	Brown Sandy Clay Little Cliche			
100	125	Cliche & Brown sandy Clay			
125	140	Sand Medium Little Clay			
140	160	Brown Sandy Clay Little Sandstone			
160	180	Sand & Clay Streaks			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☒ constructed, ☐ reconstructed, or ☐ plugged under my jurisdiction and was completed on (mo/day/year) 6-25-12 and this record is true to the best of my knowledge and belief.
 Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year) 7-5-12
 under the business name of Tyler Water Well Inc. by (signature) *[Signature]*

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>.