

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: <u>Harvey</u>		Fraction <u>SW 1/4 SE 1/4 SE 1/4</u>	Section Number <u>29</u>	Township Number <u>T 23 S</u>	Range Number <u>R 1 E/W</u>															
Distance and direction from nearest town or city street address of well if located within city? <u>2 3/4 mi. E of Halstead</u> <u>7522 SW 24th</u>			Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____																	
2 WATER WELL OWNER: RR#, St. Address, Box # : <u>5017 S Essex Heights</u> City, State, ZIP Code : <u>Halstead, KS 67056</u>		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> </td><td> </td><td> </td></tr><tr><td>-- NW --</td><td> </td><td>-- NE --</td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td>-- SW --</td><td> </td><td>-- SE --</td></tr><tr><td> </td><td> </td><td> </td></tr></table> E S X							-- NW --		-- NE --				-- SW --		-- SE --			
-- NW --		-- NE --																		
-- SW --		-- SE --																		
4 DEPTH OF COMPLETED WELL <u>110</u> ft.		Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL <u>34</u> ft. below land surface measured on mo/day/yr. <u>6-24-08</u> Pump test data: Well water was <u>40</u> ft. after <u>1</u> hours pumping <u>30</u> 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 <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 <input checked="" type="checkbox"/> ; If yes, mo/day/yr Sample was submitted _____ Water well disinfected? Yes <input checked="" type="checkbox"/> No _____																		
5 TYPE OF CASING USED: 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) _____ <input checked="" type="radio"/> PVC 4 ABS 7 Fiberglass _____ Threaded _____ Blank casing diameter <u>5</u> in. to <u>100</u> ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface <u>12</u> in., Weight <u>2.35</u> lbs./ft. Wall thickness or gauge No. <u>160</u> TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass <input checked="" type="radio"/> 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 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 <input checked="" type="radio"/> Saw cut 10 Other (specify) _____ SCREEN-PERFORATED INTERVALS: From <u>100</u> ft. to <u>110</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>23</u> ft. to <u>112</u> 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="radio"/> Bentonite 4 Other _____ Grout Intervals: From <u>3</u> ft. to <u>23</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ 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>septic not in yer</u> Direction from well? _____ How many feet? _____																				
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS															
0	26	Br Clay																		
26	32	Silty Br Clay																		
32	41	layers Br + Gr Clay + F-C Sand																		
41	63	F-M Sand																		
63	67	Sandy Gr Clay																		
67	81	F-M Sand																		
81	84	Br + Gr Clay																		
84	95	F-M Sand																		
95	98	Gr Clay																		
98	112	Sand + Sm Gravel																		
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="radio"/> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>6-24-08</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>442</u> This Water Well Record was completed on (mo/day/year) <u>6-26-08</u> under the business name of <u>Miller Drilling</u> by (signature) <u>[Signature]</u> 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 .																				