

## WATER WELL RECORD

## Form WWC-5

Division of Water Resources App. No. 

<b>1 LOCATION OF WATER WELL:</b> County: Pawnee	Fraction $\frac{1}{4}$ NE $\frac{1}{4}$ NE $\frac{1}{4}$ SW $\frac{1}{4}$	Section Number 27	Township No. T 23 S	Range Number R 17 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐  
 3 1/2 South, 3 1/2 East of Garfield

<b>2 WATER WELL OWNER:</b> Pat Miller RR#, Street Address, Box #: 817 200th Avenue City, State, ZIP Code : Garfield, KS 67529	<b>Global Positioning System (GPS) information:</b> Latitude: ..... (in decimal degrees) Longitude: ..... (in decimal degrees) Elevation: ..... Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27 <b>Collection Method:</b> <input type="checkbox"/> GPS unit (Make/Model: .....) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m
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**3 LOCATE WELL WITH AN "X" IN SECTION BOX:**

**4 DEPTH OF COMPLETED WELL** 65 ft.  
 Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.  
 WELL'S STATIC WATER LEVEL 26 ft. below land surface measured on mo/day/yr. 11-7-12.....  
 Pump test data: Well water was..... ft. after..... hours pumping..... gpm  
 EST. YIELD. N/A..... gpm. Well water was..... ft. after..... hours pumping..... gpm  
 Bore Hole Diameter 10..... in. to 65..... 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) Stock  
☐ 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 .....  
**CASING JOINTS:** ☒ Glued ☐ Clamped ☐ Welded ☐ Threaded  
 Casing diameter .5..... in. to 65..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
 Casing height above land surface 18..... in., Weight SDR-26..... 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 65..... ft. to 45..... ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
**GRAVEL PACK INTERVALS:** From 65..... ft. to 20..... 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 ..... ft. to ..... ft., From 20..... ft. to 0..... 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 ☐ None  
 Direction from well ..... Distance from well .....

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	Top soil			
2	8	Gray clay			
8	26	Fine sand & sandy clay			
26	59	Sand & gravel- small to med, loose			
59	65	Gray clay			

**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) 11-7-12..... 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) 11-14-12.....  
 under the business name of Rosencrantz-Bemis..... 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>.