

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources; App. No.  

<b>1 LOCATION OF WATER WELL:</b> County: <u>Kearny</u>	Fraction <u>SE 1/4 SE 1/4 SE 1/4</u>	Section Number <u>10</u>	Township Number <u>T 23 S</u>	Range Number <u>R 35 E</u> <span style="border: 1px solid black; border-radius: 50%; padding: 0 2px;">W</span>
Distance and direction from nearest town or city street address of well if located within city?		<b>Global Positioning Systems</b> (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____		

**2 WATER WELL OWNER:** Triple C Farms  
RR#, St. Address, Box # : Rt. #1 Box 218  
City, State, ZIP Code : Deerfield, KS 67838

<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> N <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td></tr><tr><td>--NW--</td><td>--NE--</td><td> </td></tr><tr><td>W</td><td> </td><td>E</td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td>--SW--</td><td>--SE--</td><td> </td></tr><tr><td> </td><td> </td><td>X</td></tr><tr><td> </td><td> </td><td>S</td></tr></table>				--NW--	--NE--		W		E				--SW--	--SE--				X			S	<b>4 DEPTH OF COMPLETED WELL</b> ..... <u>360</u> ..... ft.  Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL..... <u>138</u> ..... ft. below land surface measured on mo/day/yr. <u>11-20-06</u> .. Pump test data: Well water was.....ft. after..... hours pumping..... gpm Est. Yield. <u>100</u> ...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 .....
--NW--	--NE--																					
W		E																				
--SW--	--SE--																					
		X																				
		S																				

**5 TYPE OF CASING USED:** 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued  ..... Clamped.....  
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded.....  
 PVC 4 ABS 7 Fiberglass ..... Threaded.....  
Blank casing diameter ..... 10 ..... in. to ..... 360 ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
Casing height above land surface..... 12 ..... in., Weight.....lbs./ft. Wall thickness or gauge No. 200 PSI.....  
TYPE OF SCREEN OR PERFORATION MATERIAL:  
1 Steel 3 Stainless Steel 5 Fiberglass  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  Saw Cut 10 Other (specify) .....  
SCREEN-PERFORATED INTERVALS: From..... 320 ..... ft. to ..... 360 ..... ft., From ..... ft. to ..... ft.  
From..... ft. to ..... ft., From ..... ft. to ..... ft.  
GRAVEL PACK INTERVALS: From..... 25 ..... ft. to ..... 266 ..... ft., From ..... ft. to ..... ft.  
From..... 280 ..... ft. to ..... 360 ..... ft., From ..... ft. to ..... ft.

**6 GROUT MATERIAL:** 1 Neat cement 2 Cement grout  Bentonite 4 Other .....  
Grout Intervals: From ..... 5 ..... ft. to ..... 25 ..... ft., From ..... 266 ..... ft. to ..... 280 ..... ft., From ..... ft. to ..... ft.  
What is the nearest source of possible contamination:  
 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  
Direction from well? ..... How many feet? ..... 100 .....

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	top soil	196	266	coarse sand, small gravel, clean, loose
2	34	brown clay	266	280	brown clay
34	36	coarse sand	280	288	fine sand
36	74	brown clay	288	310	coarse sand, small gravel
74	78	coarse sand, small gravel	310	314	brown clay
78	82	brown clay	314	328	fine to med sand, brown clay & s
82	114	coarse sand, small gravel, clean, loose	328	360	coarse sand, small gravel, broken white rock
114	122	brown clay, few sand streaks			
122	154	med. to coarse sand, brown clay mixed	360	362	yellow shale
154	196	brown clay			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was  constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 11-20-06... and this record is true to the best of my knowledge and belief.  
Kansas Water Well Contractor's License No. .... 532 ... This Water Well Record was completed on (mo/day/year) 12-17-06.....  
under the business name of Midwest Well & Pump Inc. by (signature) Victor Sankup

**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.kdhe.state.ks.us/geo/waterwells>.