

**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>NW 1/4 NE 1/4 NE 1/4</u>	Section Number <u>25</u>	Township Number T <u>23 S</u>	Range Number R <u>36 E/W</u>
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:** Bill Simshauser  
RR#, St. Address, Box # : HRC 3 Box 37  
City, State, ZIP Code : Lakin KS 67860

<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 style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td></tr><tr><td>-- NW --</td><td>-- NE --</td><td></td><td></td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td>-- SW --</td><td>-- SE --</td><td></td><td></td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table> S					-- NW --	-- NE --							-- SW --	-- SE --							<b>4 DEPTH OF COMPLETED WELL</b> ..... <u>132</u> ..... ft. Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL..... <u>112</u> ..... ft. below land surface measured on mo/day/yr... <u>6-4-07</u> . Pump test data: Well water was.....ft. after..... hours pumping..... gpm Est. Yield..... <u>1</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 1 Domestic    3 Feedlot    6 Oil field water supply    9 Dewatering <input checked="" type="checkbox"/> Other (Specify below) 2 Irrigation    4 Industrial    7 Domestic (lawn & garden)    10 Monitoring well    ..... <u>Stack</u> .....  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 --																				
-- SW --	-- SE --																				

**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 ..... 132 ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
Casing height above land surface..... 12 ..... in., Weight ..... lbs./ft.    Wall thickness or guage No. 200 p.s.i......  
**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..... 100 ..... ft. to ..... 132 ..... ft., From ..... ft. to ..... ft.  
From..... ft. to ..... ft., From ..... ft. to ..... ft.  
**GRAVEL PACK INTERVALS:** From..... 20 ..... ft. to ..... 132 ..... ft., From ..... ft. to ..... ft.  
From..... ft. to ..... ft., From ..... ft. to ..... ft.

**6 GROUT MATERIAL:** 1 Neat cement    2 Cement grout     Bentonite    4 Other .....  
Grout Intervals: From ..... 2 ..... ft. to ..... 20 ..... 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     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? ..... 500 .....

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	top soil	110	120	fine sand, brown clay streaks
2	22	brown clay	120	122	brown clay, cemented sand streaks
22	38	brown clay, med to coarse sand	122	130	brown clay, few fine sand streaks
38	52	med to coarse sand, few brown clay streaks	130	132	yellow shale
52	80	brown clay			
80	93	med to coarse sand			
93	100	brown clay			
100	104	coarse sand			
104	106	brown clay			
106	110	med to coarse sand, small gravel			

**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) ... 6-4-07 ... 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) .... 7-5-07 .....  
under the business name of Midwest Well & Pump Inc. by (signature) John M. Saubert

**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>.