

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: <u>Finney</u>		Fraction <u>1/4 1/4 SE 1/4</u>		Section Number <u>15</u>	Township Number <u>T 24 S</u>	Range Number <u>R 32 E/W</u>
Distance and direction from nearest town or city street address of well if located within city? <u>464.5 E. Commerce Dr.</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>4645 E. Commerce Dr.</u> City, State, ZIP Code : <u>Junction City, KS 67846</u>						
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N W E --NW-- --NE-- --SW-- --SE-- S		4 DEPTH OF COMPLETED WELL <u>24.5</u> ft. Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL <u>6.2</u> ft. below land surface measured on mo/day/yr. <u>3-16-11</u> Pump test data: Well water was _____ ft. after _____ hours pumping _____ 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 yrs 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) CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____ <input checked="" type="checkbox"/> PVC 4 ABS 7 Fiberglass _____ Welded _____ Blank casing diameter <u>5</u> in. to _____ ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface _____ in., Weight _____ lbs./ft. Wall thickness or gauge No. _____ TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw cut 10 Other (specify) _____ SCREEN-PERFORATED INTERVALS: From <u>22.5</u> ft. to <u>24.5</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>22.5</u> ft. to <u>24.5</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="checkbox"/> Bentonite 4 Other <u>3</u> Grout Intervals: From <u>22.5</u> ft. to <u>20.5</u> ft., From <u>4</u> ft. to <u>25</u> ft., From _____ ft. to _____ ft. What is the nearest source of possible contamination: <input checked="" type="checkbox"/> Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide storage 16 Other (specify) 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well below) 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/gas well Direction from well? <u>N.E. R. 7th</u> How many feet? <u>16.8 ft.</u>						
FROM TO		LITHOLOGIC LOG		FROM TO		PLUGGING INTERVALS
0	8	Top Soil		170	195	Brown Sandy clay
8	10	Brown Sandy clay		195	201	Line to med Sand & gravel
10	15	Fine Sand		201	212	Brown Sandy clay
15	48	Brown Clay & Hard Rock		212	233	Line to med Sand & gravel (lower)
48	68	Fine Grained Sand & gravel		233	245	Brown Sandy clay
68	73	Hard Rock		245	255	Hard rock in Brown clay
73	120	Fine sand & gravel				
120	122	Hard rock				
122	161	Brown clay				
161	170	Fine Sand (lower)				
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>3-20-11</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>172</u> This Water Well Record was completed on (mo/day/year) <u>3-2-11</u> under the business name of <u>Donagon Water Well Service</u> by (signature) <u>mg</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 .						