

## WATER WELL RECORD

## Form WWC-5

Division of Water Resources App. No.  

<b>1 LOCATION OF WATER WELL:</b> County: Reno	Fraction $\frac{1}{4}$ NE $\frac{1}{4}$ SW $\frac{1}{4}$ NE $\frac{1}{4}$	Section Number 14	Township No. T 24 S	Range Number R 6 <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 ☐ from junction of K96 & K17 S of Hutch, go S on K17 1/2 mile west into site

**2 WATER WELL OWNER:** UCS LLC  
 RR#, Street Address, Box #: P. O. Box 225  
 City, State, ZIP Code : Great Bend, KS 67530-0225

**Global Positioning System (GPS) information:**  
 Latitude: ..... (in decimal degrees)  
 Longitude: ..... (in decimal degrees)  
 Elevation: .....  
 Datum: ☐ WGS 84, ☐ NAD 83, ☐ NAD 27  
 Collection Method:  
☐ GPS unit (Make/Model: .....)  
☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey  
 Est. Accuracy: ☐ <3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ >15 m

**3 LOCATE WELL WITH AN "X" IN SECTION BOX:**  
 N  

W	NW	NE	E
		X	
	SW	SE	

 S  
 |-----| mile-----|

**4 DEPTH OF COMPLETED WELL** 65 ft.  
 Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.  
 WELL'S STATIC WATER LEVEL 24 ft. below land surface measured on mo/day/yr. 12/12/12  
 Pump test data: Well water was.....ft. after..... hours pumping..... gpm  
 EST. YIELD 60 gpm. Well water was.....ft. after..... hours pumping..... gpm  
 Bore Hole Diameter 9 7/8 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)  
☐ 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 .45..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
 Casing height above land surface .30..... in., Weight ..... 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 20..... ft. to 0..... ft., From ..... ft. to ..... 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 .....  
 Direction from well East..... Distance from well 150 ft.....

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	4	Sandy Topsoil			
4	18	Clay Layers			
18	50	Sand & Gravel			
50	65	Tan Shale			

**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) 12/12/12..... and this record is true to the best of my knowledge and belief.  
 Kansas Water Well Contractor's License No. 665..... This Water Well Record was completed on (mo/day/year) 12/31/12.....  
 under the business name of Pratt Well Service, Inc. by (signature) *Kevin C. Pratt* President

**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>.