

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL:

County: Reno

Distance and direction from nearest town or city street address of well if located within city?
217 S Briggs in Partridge

2 WATER WELL OWNER:

RR#, St. Address, Box # : Don Horton
217 S Briggs
City, State, ZIP Code : Partridge, KS 67566

Fraction
NW 1/4 SE 1/4 NE 1/4

Section Number
16

Township Number
T 24 S

Range Number
R 7 E

Global Positioning Systems (decimal degrees, min. of 4 digits)

Latitude: _____

Longitude: _____

Elevation: _____

Datum: _____

Data Collection Method: _____

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N

W

--NW--

--NE--

--SW--

--SE--

E

S

4 DEPTH OF COMPLETED WELL

40 ft.

Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft.

WELL'S STATIC WATER LEVEL 25 ft. below land surface measured on mo/day/yr. 7-26-08

Pump test data: Well water was 2.8 ft. after 14 hours pumping 25 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

☒ 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 X _____; If yes, mo/day/yr

Sample was submitted _____ Water well disinfected? Yes X _____ No _____

5 TYPE OF CASING USED:

1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below)

☒ PVC 4 ABS 7 Fiberglass _____

Blank casing diameter 5 in. to 3.0 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.

Casing height above land surface 12 in., Weight 2.35 lbs./ft. Wall thickness or gauge No. 160

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 3.0 ft. to 4.0 ft., From _____ ft. to _____ ft.

From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 2.3 ft. to 4.3 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 3 ft. to 2.3 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 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

☒ Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well

Direction from well? N How many feet? 3.0

FROM TO LITHOLOGIC LOG

FROM TO PLUGGING INTERVALS

0 14 Br clay

14 40 Sand & Gravel

40 43 Rocky Br 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) 3-26-08 and this record is true to the best of my knowledge and belief.

Kansas Water Well Contractor's License No. 447 This Water Well Record was completed on (mo/day/year) 4-1-08

under the business name of Miller Drilling by (signature) E Miller

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>.

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