

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: <u>PRAIRIE</u>	Fraction <u>NE 1/4 SE 1/4 SE 1/4</u>	Section Number <u>17</u>	Township Number T <u>26</u> S	Range Number R <u>11</u> E <u>W</u>
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Distance and direction from nearest town or city street address of well if located within city?
NE of Preston, KS

Global Positioning Systems (decimal degrees, min. of 4 digits)
Latitude: _____
Longitude: _____
Elevation: _____
Datum: _____

2 WATER WELL OWNER:
RR#, St. Address, Box # : Mike Jackson 412 NE 10th Ave
City, State, ZIP Code : Preston, KS 67587

Data Collection Method: _____

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

N			
W	-- NW --	-- NE --	E
	-- SW --	-- SE --	
S			

4 DEPTH OF COMPLETED WELL 95 ft.

Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.
WELL'S STATIC WATER LEVEL..... 40 ft. below land surface measured on mo/day/yr.....
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
 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 ; If yes, mo/day/yr Sample was submitted..... Water well disinfected? Yes No

5 TYPE OF CASING USED:

<input checked="" type="checkbox"/> Steel	<input type="checkbox"/> RMP (SR)	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 8 Concrete tile	CASING JOINTS: <input checked="" type="checkbox"/> Glued..... <input type="checkbox"/> Clamped..... <input type="checkbox"/> Welded..... <input type="checkbox"/> Threaded.....
<input checked="" type="checkbox"/> PVC	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 7 Fiberglass	<input type="checkbox"/> 9 Other (specify below)	

Blank casing diameter 5 in. to 95 ft., Diameter 160 in. to ft., Diameter in. to ft.
Casing height above land surface..... 12 in., Weight 160 lbs./ft. Wall thickness or guage No.

TYPE OF SCREEN OR PERFORATION MATERIAL:

<input type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 Stainless Steel	<input type="checkbox"/> 5 Fiberglass	<input checked="" type="checkbox"/> PVC	<input type="checkbox"/> 9 ABS	<input type="checkbox"/> 11 Other (Specify)
<input type="checkbox"/> 2 Brass	<input type="checkbox"/> 4 Galvanized Steel	<input type="checkbox"/> 6 Concrete tile	<input type="checkbox"/> 8 RM (SR)	<input type="checkbox"/> 10 Asbestos-Cement	<input type="checkbox"/> 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

<input checked="" type="checkbox"/> Continuous slot	<input type="checkbox"/> 3 Mill slot	<input type="checkbox"/> 5 Gauzed wrapped	<input type="checkbox"/> 7 Torch cut	<input type="checkbox"/> 9 Drilled holes	<input type="checkbox"/> 11 None (open hole)
<input type="checkbox"/> 2 Louvered shutter	<input type="checkbox"/> 4 Key punched	<input type="checkbox"/> 6 Wire wrapped	<input type="checkbox"/> 8 Saw cut	<input type="checkbox"/> 10 Other (specify)	

SCREEN-PERFORATED INTERVALS: From..... 95 ft. to 75 ft., From ft. to ft.
From..... ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From..... 95 ft. to 20 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..... 20 ft. to 0 ft., From ft. to ft., From ft. to ft.

What is the nearest source of possible contamination:

<input checked="" type="checkbox"/> Septic tank	<input type="checkbox"/> 4 Lateral lines	<input type="checkbox"/> 7 Pit privy	<input checked="" type="checkbox"/> Livestock pens	<input type="checkbox"/> 13 Insecticide storage	<input type="checkbox"/> 16 Other (specify below)
<input checked="" type="checkbox"/> Sewer lines	<input type="checkbox"/> 5 Cess pool	<input type="checkbox"/> 8 Sewage lagoon	<input type="checkbox"/> 11 Fuel storage	<input type="checkbox"/> 14 Abandoned water well	
<input checked="" type="checkbox"/> Watertight sewer lines	<input type="checkbox"/> 6 Seepage pit	<input type="checkbox"/> 9 Feedyard	<input type="checkbox"/> 12 Fertilizer storage	<input type="checkbox"/> 15 Oil well/gas well	

Direction from well? W + N How many feet? 200

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	12	Sandy top soil			
12	20	Tan Clay			
20	40	Fine Sand / Tan			
40	50	Tan Clay			
50	80	Fine Sand / Tan			
80	95	Small coarse sand			

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) 4-1-12 and this record is true to the best of my knowledge and belief.
Kansas Water Well Contractor's License No. 9-2 This Water Well Record was completed on (mo/day/year) 4-2-12
under the business name of David's Well Well by (signature) [Signature]

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>.