

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources; App. No.  

<b>1 LOCATION OF WATER WELL:</b> County: <u>Ford</u>	Fraction <u>SW 1/4 SW 1/4 SE 1/4</u>	Section Number <u>28</u>	Township Number T <u>26</u> S	Range Number R <u>24</u> E <u>(W)</u>
Distance and direction from nearest town or city street address of well if located within city? <u>From Dodge City, 1 1/2 miles east on Butter + Egg Rd.</u>		<b>Global Positioning Systems</b> (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____		
<b>2 WATER WELL OWNER:</b> <u>Winter Feed Yard Inc.</u> RR#, St. Address, Box # : <u>P.O. Box 115</u> City, State, ZIP Code : <u>Dodge City, Ks. 67801</u>				

<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> </td><td> </td><td> </td></tr><tr><td>-- NW --</td><td> </td><td>-- NE --</td></tr><tr><td>W</td><td> </td><td>E</td></tr><tr><td>-- SW --</td><td> </td><td>-- SE --</td></tr><tr><td> </td><td>X</td><td> </td></tr></table> S				-- NW --		-- NE --	W		E	-- SW --		-- SE --		X		<b>4 DEPTH OF COMPLETED WELL</b> ..... <u>245</u> ..... ft.  Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL..... <u>159</u> ..... ft. below land surface measured on mo/day/yr... <u>8-29-05</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="radio"/> 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/yr Sample was submitted..... Water well disinfected? Yes <input checked="" type="checkbox"/> No .....
-- NW --		-- NE --														
W		E														
-- SW --		-- SE --														
	X															

<b>5 TYPE OF CASING USED:</b> 1 Steel    3 RMP (SR) <input checked="" type="radio"/> PVC    4 ABS	5 Wrought Iron    6 Asbestos-Cement    7 Fiberglass	8 Concrete tile    9 Other (specify below)	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped..... Welded..... Threaded.....
Blank casing diameter ..... <u>5</u> ..... in. to ..... <u>205</u> ..... ft., Diameter ..... in. to ..... ft. Casing height above land surface..... <u>12</u> ..... in., Weight..... lbs./ft.    Wall thickness or guage No. <u>SDR-21</u>			
<b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b> 1 Steel    3 Stainless Steel    5 Fiberglass <input checked="" type="radio"/> 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)			
<b>SCREEN OR PERFORATION OPENINGS ARE:</b> 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 <input checked="" type="radio"/> Saw Cut    10 Other (specify) .....			
<b>SCREEN-PERFORATED INTERVALS:</b> From..... <u>205</u> ..... ft. to ..... <u>245</u> ..... ft., From ..... ft. to ..... ft. From..... ft. to ..... ft., From ..... ft. to ..... ft.			
<b>GRAVEL PACK INTERVALS:</b> From..... <u>24</u> ..... ft. to ..... <u>190</u> ..... ft., From ..... <u>195</u> ..... ft. to ..... <u>245</u> ..... ft. From..... ft. to ..... ft., From ..... ft. to ..... ft.			

<b>6 GROUT MATERIAL:</b> 1 Neat cement    2 Cement grout <input checked="" type="radio"/> Bentonite    4 Other .....	Grout Intervals: From ..... <u>4</u> ..... ft. to ..... <u>24</u> ..... ft., From ..... <u>190</u> ..... ft. to ..... <u>195</u> ..... 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 <input checked="" type="radio"/> Abandoned water well 3 Watertight sewer lines    6 Seepage pit    9 Feedyard    12 Fertilizer Storage    15 Oil well/gas well	Direction from well? ..... <u>South east</u> ..... How many feet? ..... <u>70</u> .....
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FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Topsoil			
2	65	Tan clay			
65	150	Med. sand			
150	156	Tan clay			
156	190	Course sand			
190	191	Tan clay			
191	245	Course 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) ... 8-29-05 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ... 533 ... This Water Well Record was completed on (mo/day/year) ... 12-20-05 under the business name of Jantzen Water 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.kdhe.state.ks.us/geo/waterwells>.