

## WATER WELL RECORD

## Form WWC-5

Division of Water Resources App. No. 

<b>1 LOCATION OF WATER WELL:</b>		Fraction SE ¼ NW ¼ SE ¼ SE ¼	Section Number 24	Township No. T 26 S	Range Number R 24 <input type="checkbox"/> E <input checked="" type="checkbox"/> W								
County: Ford													
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> . From the corner of Hunt St. & Wichita St. east 50 ft and 50 ft north.		<b>Global Positioning System (GPS) information:</b> Latitude: ..... (in decimal degrees) Longitude: ..... (in decimal degrees) Elevation: ..... Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27 Collection Method: <input type="checkbox"/> GPS unit (Make/Model: .....) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m											
<b>2 WATER WELL OWNER:</b> Right COOP RR#, Street Address, Box #: 10881 Main Street City, State, ZIP Code : Wright, KS 67882													
<b>3 LOCATE WELL WITH AN "X" IN SECTION BOX:</b> N W <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> E S -----1 mile----- The section box is a 4x4 grid. The center square (SE) contains an 'X'.										<b>4 DEPTH OF COMPLETED WELL</b> 97 ..... ft. Depth(s) Groundwater Encountered (1) 78.6 ..... ft. (2) ..... ft. (3) ..... ft. WELL'S STATIC WATER LEVEL ..... 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 Bore Hole Diameter 6.1/4" ..... in. to 97 ..... ft., and ..... in. to ..... ft. WELL WATER TO BE USED AS: <input type="checkbox"/> Public water supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Injection well <input type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below) <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Domestic-lawn & garden <input checked="" type="checkbox"/> Monitoring well ..... Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, mo/day/yr sample was submitted ..... Water well disinfected? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>5 TYPE OF CASING USED:</b> <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other ..... CASING JOINTS: <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Threaded Casing diameter 2 ..... in. to 67 ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft. Casing height above land surface 0 ..... in., Weight SCH 40 ..... lbs./ft., Wall thickness or gauge No. .... TYPE OF SCREEN OR PERFORATION MATERIAL: <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) ..... <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: <input type="checkbox"/> Continuous slot <input checked="" type="checkbox"/> Mill slot <input type="checkbox"/> Gauze wrapped <input type="checkbox"/> Torch cut <input type="checkbox"/> Drilled holes <input type="checkbox"/> None (open hole) <input type="checkbox"/> Louvered shutter <input type="checkbox"/> Key punched <input type="checkbox"/> Wire wrapped <input type="checkbox"/> Saw cut <input type="checkbox"/> Other (specify) ..... SCREEN-PERFORATED INTERVALS: From 97 ..... ft. to 67 ..... ft., From ..... ft. to ..... ft. From ..... ft. to ..... ft., From ..... ft. to ..... ft. GRAVEL PACK INTERVALS: From 97 ..... ft. to 65 ..... ft., From ..... ft. to ..... ft. From ..... ft. to ..... ft., From ..... ft. to ..... ft.													
<b>6 GROUT MATERIAL:</b> <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other ..... Grout Intervals: From 65 ..... ft. to 58 ..... ft., From 58 ..... ft. to 0 ..... ft., From ..... ft. to ..... ft. What is the nearest source of possible contamination: <input type="checkbox"/> Septic tank <input type="checkbox"/> Lateral lines <input type="checkbox"/> Pit privy <input type="checkbox"/> Livestock pens <input type="checkbox"/> Insecticide storage <input checked="" type="checkbox"/> Other (specify below) <input type="checkbox"/> Sewer lines <input type="checkbox"/> Cesspool <input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Fuel storage <input type="checkbox"/> Abandoned water well <input type="checkbox"/> Watertight sewer lines <input type="checkbox"/> Seepage pit <input type="checkbox"/> Feedyard <input type="checkbox"/> Fertilizer storage <input type="checkbox"/> Oil well/gas well <input type="checkbox"/> Lust Site Direction from well southeast Distance from well 400 ft.													
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS								
0	6"	Grass and Topsoil			clay decreasing w/depth								
6"	35'	Clay brown silty minor caliche/CL	75'	85'	Caliche very minor sands increasing w/depth								
		increasing w/depth low plastics											
35'	45'	Clay silty brown minor caliche/CL	85'	90'	Sand caliche mix well sorted								
45'	54'	Clay caliche brown			whitish fine-medium light brown								
54'	65'	Clay caliche clay mix harder @54'	90'	97'	Caliche clay sand mixture light brown-whitish-brown								
		whitish light brown caliche											
		increasing w/depth											
65'	75'	Caliche minor clay light brown-white hard drilling @75'			MW-27								
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/year) 9/16/09 ..... 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) 9/25/09 ..... under the business name of Pratt Well Service, Inc. by (signature) <i>[Signature]</i>													
<b>INSTRUCTIONS:</b> 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 785-296-5522. 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 <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> .													