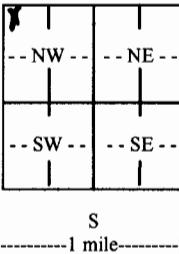
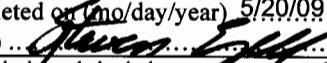


## WATER WELL RECORD

## Form WWC-5

Division of Water Resources App. No. \_\_\_\_\_

<b>1 LOCATION OF WATER WELL:</b> County: Gray		Fraction NW 1/4 NW 1/4 NW 1/4 NW 1/4	Section Number 6	Township No. T 26 S	Range Number R 29 E <input checked="" type="checkbox"/> W
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"/> . West of the old high school football field, Ingalls, KS					
<b>2 WATER WELL OWNER:</b> Dodge City COOP RR#, Street Address, Box #: P.O. Box 610 City, State, ZIP Code : Dodge City, KS 67801			<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 <b>Collection Method:</b> <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>3 LOCATE WELL WITH AN "X" IN SECTION BOX:</b> N   S  -----1 mile-----		<b>4 DEPTH OF COMPLETED WELL:</b> 150 ft. Depth(s) Groundwater Encountered (1) ..... ft. (2) ..... ft. (3) ..... ft. WELL'S STATIC WATER LEVEL: 73.5 ft. below land surface measured on mo/day/yr. 4/14/09 ..... 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 8 1/2 in. to 152 ft., and ..... in. to ..... ft. <b>WELL WATER TO BE USED AS:</b> <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 ..... <b>CASING JOINTS:</b> <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Threaded Casing diameter .2 ..... in. to .140 ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft. Casing height above land surface .-2 ..... in., Weight SCH40 ..... lbs./ft., Wall thickness or gauge No. .... <b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b> <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)					
<b>SCREEN OR PERFORATION OPENINGS ARE:</b> <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) .....					
<b>SCREEN-PERFORATED INTERVALS:</b> From .150 ..... ft. to .140 ..... ft., From ..... ft. to ..... ft. From ..... ft. to ..... ft., From ..... ft. to ..... ft. <b>GRAVEL PACK INTERVALS:</b> From .152 ..... ft. to .136.5 ..... ft., From ..... ft. to ..... ft. From ..... ft. to ..... ft., From ..... ft. to ..... ft.					
<b>6 GROUT MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other ..... <b>Grout Intervals:</b> From .136.5 ..... ft. to .1 ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft. <b>What is the nearest source of possible contamination:</b> <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 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 checked="" type="checkbox"/> Fertilizer storage <input type="checkbox"/> Oil well/gas well ..... Direction from well west ..... Distance from well .900 ft. .....					
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	10'	Gravel, quartz, feldspar, calcite	105'	120'	Clay & Sand, fine, angular, Mod yel
10'	15'	Gravel, quartz, feldspar	120'	130'	Sand, fine, angular, Mod, ylw brn
15'	20'	As above with some cemented sand.	130'	135'	As above w/sandy clay, Mod ylw brn
20'	25'	Gravel, quartz, feldspar	135'	140'	Sand, med-coarse, Mod, ylw brn
25'	30'	As above with no cobbles	140'	152'	Gravel, subangular-rounded, gry or
30'	50'	Sand silty soft, low plastic gy or			
50'	60'	Sand, silty & sandy clay gy or			
60'	70'	Sand & Gravel, vf-vc, tan, arhoscic	165.5	152	Bentonite Pellets & Hole Plugs
70'	82.5'	Sand, vf-vc w/some f-med gravel,			
82.5'	105'	S & Clay, soft, tr. calcite, Mod YI			
<i>MW-1</i>					
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <input type="checkbox"/> constructed, <input checked="" type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/year) 4/13/09 ..... 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) 5/20/09 ..... under the business name of ..Pratt Well Service, Inc. .... by (signature) .. 					
<b>INSTRUCTIONS:</b> Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> 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> .					