

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: <u>Gray</u>		Fraction <u>NE 1/4 NE 1/4 NE 1/4</u>	Section Number <u>21</u>	Township Number T <u>26</u> S	Range Number R <u>29</u> E <u>W</u>
Distance and direction from nearest town or city street address of well if located within city? <u>From Ingalls. 3S. on 11 Rd. then 1 west.</u>			Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____		
2 WATER WELL OWNER: <u>Wayne Isaac</u> RR#, St. Address, Box # : <u>3506 Q Rd.</u> City, State, ZIP Code : <u>Ingalls, KS. 67853</u>					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N W E -- NW -- -- NE -- -- SW -- -- SE -- S		4 DEPTH OF COMPLETED WELL <u>480</u> ft. Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL..... <u>211</u> ft. below land surface measured on mo/day/yr. <u>9/11/09</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="checkbox"/> 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			
5 TYPE OF CASING USED: 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) <input checked="" type="checkbox"/> PVC 4 ABS 7 Fiberglass Blank casing diameter <u>5</u> in. to <u>420</u> ft., Diameter. in. to ft., Diameter in. to ft. Casing height above land surface..... <u>12</u> in., Weight lbs./ft. Wall thickness or guage No. <u>SDR21</u> TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Saw cut 10 Other (specify) SCREEN-PERFORATED INTERVALS: From..... <u>420</u> ft. to <u>480</u> ft., From ft. to ft. From ft. to ft., From ft. to ft. GRAVEL PACK INTERVALS: From..... <u>24</u> ft. to <u>240</u> ft., From <u>250</u> ft. to ft. From ft. to ft., From ft. to ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> Bentonite 4 Other Grout Intervals: From <u>4</u> ft. to <u>24</u> ft., From <u>240</u> ft. to <u>250</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) 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage <input checked="" type="checkbox"/> Abandoned water well below 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/gas well Direction from well? <u>Northeast</u> How many feet? <u>15</u>					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3'	Fine sand	170	185	Brown sandy clay + med. sand
3'	5	Coliche	185	203	Med. sand
5	46	Redish brown sandy clay	203	210	limestone
46	55	white sandy clay	210	250	shale
55	60	Fine sand	250	415	Sandstone + shale layers
60	75	Med. sand	415	480	Sandstone
75	120	Course sand			
120	138	Med. sand			
138	140	White clay			
140	170	Med. sand			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: 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) <u>9/11/09</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>533</u> This Water Well Record was completed on (mo/day/year) <u>9/15/09</u> under the business name of <u>Santern Water Well</u> by (signature) <u>[Signature]</u>					
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> 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 <u>constructed</u> well. Visit us at http://www.kdheks.gov/waterwell/index.html .					