

## WATER WELL RECORD

## Form WWC-5

Division of Water Resources App. No. 

<b>1 LOCATION OF WATER WELL:</b> County: Finney		Fraction ¼ NE ¼ NE ¼ NW ¼	Section Number 9	Township No. T 26 S	Range Number R 33 <input type="checkbox"/> 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"/> Inter. Hwy 83 & Plymell Rd. 3 1/2 Miles West			<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> Grea Stone RR#, Street Address, Box #: City, State, ZIP Code : Garden City														
<b>3 LOCATE WELL WITH AN "X" IN SECTION BOX:</b> N <table border="1" style="margin: 10px auto; width: 100px; text-align: center;"> <tr><td></td><td>X</td><td></td></tr> <tr><td>NW</td><td></td><td>NE</td></tr> <tr><td>SW</td><td></td><td>SE</td></tr> </table> S  -----1 mile-----			X		NW		NE	SW		SE	<b>4 DEPTH OF COMPLETED WELL</b> 460 ft. Depth(s) Groundwater Encountered (1) 204 ft. (2) ..... ft. (3) ..... ft. WELL'S STATIC WATER LEVEL 204 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 9 3/4 in. to ..... 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 checked="" 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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	X													
NW		NE												
SW		SE												
<b>5 TYPE OF CASING USED:</b> <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other Eagle Loc..... <b>CASING JOINTS:</b> <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded Casing diameter 5 in. to 460 ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft. Casing height above land surface 24 in., Weight SDR 17 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 300 ft. to 320 ft., From 340 ft. to 360 ft. From 440 ft. to 460 ft., From ..... ft. to ..... ft. <b>GRAVEL PACK INTERVALS:</b> From 25 ft. to 140 ft., From 150 ft. to 460 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 ..... Grout Intervals: From 5 ft. to 25 ft., From 140 ft. to 150 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 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 ..... Direction from well NA Distance from well .....														
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS									
0	30	Topsoil and Sandy Clay	144	180	Sandy Clay and Cliche Streaks									
30	55	Sand and Gravel	180	327	Sand & Gravel Little Cliche & Clay									
55	57	White Rock	327	340	Clay and Cliche									
57	63	Sand Medium	340	360	Fine Sand Little Clay									
63	70	Sandy Clay	360	380	Clay and Cliche									
70	109	Sand and Gravel Little Clay	380	440	Fine Sand Little Clay									
109	116	Calv	440	463	Sand Medium to Croarse									
116	120	Sand and Cliche	463	480	Brown Rock and Clay									
120	130	Sandy Clay												
130	144	Sand and Gravel												
<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) 5-12-10..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 473..... This Water Well Record was completed on (mo/day/year) 5-25-10..... under the business name of Tyler Water Well Service by (signature)														
<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> .														