

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

20138

1 LOCATION OF WATER WELL: County: Finney		Fraction $\frac{1}{4}$ NE $\frac{1}{4}$ NE $\frac{1}{4}$ NE $\frac{1}{4}$		Section Number 5		Township No. T 26 S		Range Number R 34 <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"/> .					Global Positioning System (GPS) information: Latitude: 37.82892 (in decimal degrees) Longitude: 101.05550 (in decimal degrees) Elevation: 2967 Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input checked="" type="checkbox"/> NAD 27 Collection Method: <input checked="" type="checkbox"/> GPS unit (Make/Model: Magellan) <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																																																																						
2 WATER WELL OWNER: Wheatland Water Treatment RR#, Street Address, Box #: P.O.Box 953 City, State, ZIP Code : Garden City, KS 678461078																																																																											
3 LOCATE WELL WITH AN "X" IN SECTION BOX: N <table border="1" style="width:100%; text-align: center;"> <tr> <td style="width:25%;">NW</td> <td style="width:25%;">NE</td> <td style="width:25%;">SW</td> <td style="width:25%;">SE</td> </tr> <tr> <td></td> <td>X</td> <td></td> <td></td> </tr> </table> S -----1 mile-----		NW	NE	SW	SE		X			4 DEPTH OF COMPLETED WELL 468 Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL 235..... ft. below land surface measured on mo/day/yr. 7/30/10..... Pump test data: Well water was 328..... ft. after 24..... hours pumping 702..... gpm EST. YIELD..... gpm. Well water was..... ft. after..... hours pumping..... gpm Bore Hole Diameter 36..... in. to..... ft., and..... in. to..... ft. WELL WATER TO BE USED AS: <input checked="" 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 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																																																																	
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6 GROUT MATERIAL: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Cement grout <input type="checkbox"/> Bentonite <input type="checkbox"/> Other..... Grout Intervals: From 0..... ft. to 25..... ft., From..... ft. to 40..... 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..... Distance from well.....																																																																											
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INSTRUCTIONS: 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 http://www.kdheks.gov/waterwell/index.html .																																																																											

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FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS			
256'	287'	snd fn to md crs few sm to md grvl	450'	462'	spstn sndstn(hard) few shale			
287'	300'	brwn & wht clay few limerock	462'	469'	grv spstn lmstn shale			
300'	324'	snd fn to sm md thn cly	469'	480'	shale			
324'	336'	brown clay, limerock						
336'	348'	snd slty to fn thn clys						
348'	379'	brwn cly few wht few limerock						
379'	390'	brown clay, sticky						
390'	417'	sand silty, clay						
417'	441'	soapstone, sandstone, tight						
441'	450'	spstn, lmstn(hard) fw sndstn						
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year) under the business name of by (signature)								
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