

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL:		Fraction <u>NE ¼ NE ¼ ¼</u>		Section Number <u>9</u>	Township Number <u>T 26 S</u>	Range Number <u>R 39 E/W</u>
County: <u>Hamilton</u>				Distance and direction from nearest town or city street address of well if located within city? <u>12 South of Kendal</u>		
2 WATER WELL OWNER: Jerome Lampe				Global Positioning System (decimal degrees, min. of 4 digits)		
RR#, St. Address, Box # : <u>Rt 1 Box 55</u>				Latitude: <u>37 Deg 48 min 29.4 sec</u>		
City, State, ZIP Code : <u>Kendal Ks 67857</u>				Longitude: <u>101 deg 35 min 01.7 sec</u>		
				Elevation: <u>3343</u>		
				Datum: <u> </u>		
				Data Collection Method: <u> </u>		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 593 ft.				
		Depth(s) Groundwater Encountered 1 _____ 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				
		WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well				
		1 Domestic 3 Feed lot 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 <u>x</u> ; If yes, mo/day/yr _____				
		Sample was submitted _____ Water Well Disinfected? Yes <u>x</u> No _____				
5 TYPE OF CASING USED:						
1 Steel 3 RMP (SR)		5 Wrought Iron 8 Concrete tile		CASING JOINTS: Glued _____ Clamped _____		
2 PVC 4 ABS		6 Asbestos-Cement 9 Other (specify below) _____		Welded _____		
		7 Fiberglass		Eagle - Loc _____ Threaded _____		
Blank casing diameter <u>5</u> in. to <u>593</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.						
Casing height above land surface <u>12</u> in., Weight _____ lbs./ft. Wall thickness or gauge No. <u>SDR17</u>						
TYPE OF SCREEN OR PERFORATION MATERIAL:						
1 Steel 3 Stainless steel 5 Fiberglass 7 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 Guaze wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)						
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) _____						
SCREEN-PERFORATED INTERVALS:						
From <u>493</u> ft. to <u>513</u> ft. From <u>533</u> ft. to <u>553</u> ft.						
From <u>573</u> ft. to <u>593</u> ft. From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS:						
From <u>25</u> ft. to <u>593</u> ft. From _____ ft. to _____ ft.						
From _____ ft. to _____ ft. From _____ ft. to _____ ft.						
6 GROUT MATERIAL:						
1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____						
Grout Intervals From <u>5</u> ft. to <u>25</u> ft. From _____ ft. to _____ 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 below)						
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well						
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well <u>None observed</u>						
Direction from well? _____		How many feet? _____				
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	
0	40	Top soil & br. & wh Clay				
40	45	Sand & gravel				
45	55	rock				
55	105	Brown clay				
105	115	sand				
115	120	Brown sandy clay				
120	300	Grey clay & sandstone stks				
300	440	Blue shale				
440	600	White sandstone & white clay				
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>1/07/09</u> and this record is true to the best of my knowledge and belief.						
Kansas Water Well Contractor's License No. <u>473</u> . This Water Well Record was completed on (mo/day/year) <u>1/08/09</u>						
under the business name of <u>Tyler water well Inc</u> by (signature) <u>[Signature]</u>						
INSTRUCTIONS: Please fill in blanks 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 constructed well. Visit us at http://www.kdheks.gov/waterwell .						