

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL:		Fraction County: Pratt SE ¼ SE ¼ NW ¼	Section Number 3	Township Number T 27 S	Range Number R 13 (W)																									
Distance and direction from nearest town or city street address of well if located within city? Main & Sumner, IUKA, KS 67066			Global Positioning System (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____																											
2 WATER WELL OWNER: Kanza Cooperative Association RR#, St. Address, Box # : PO BOX 175 City, State, ZIP Code : IUKA, KS 67066																														
3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> <table border="1" style="margin: auto;"> <tr><td>N</td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td>NW</td><td>X</td><td>NE</td><td></td></tr> <tr><td>W</td><td></td><td></td><td></td><td>E</td></tr> <tr><td></td><td>SW</td><td></td><td>SE</td><td></td></tr> <tr><td></td><td>S</td><td></td><td></td><td></td></tr> </table> </div>	N						NW	X	NE		W				E		SW		SE			S				4 DEPTH OF COMPLETED WELL 57 and 51 ft. Depth(s) Groundwater Encountered 1 NM ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL NM 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 X ; If yes, mo/day/yr Sample was submitted _____ Water Well Disinfected? Yes _____ No X				
	N																													
	NW	X	NE																											
W				E																										
	SW		SE																											
	S																													
5 TYPE OF CASING USED: 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____ (2 PVC) 4 ABS 7 Fiberglass _____ Threaded X Blank casing diameter 1 in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height below land surface .4 in., Weight _____ lbs./ft. Wall thickness or gauge No. Sch. 40 PVC 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 57 ft. to 55 ft. From _____ ft. to _____ ft. From 51 ft. to 49 ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From 59 ft. to 54 ft. From _____ ft. to _____ ft. From 52 ft. to 47 ft. From _____ ft. to _____ ft.																														
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout (3 Bentonite) 4 Other _____ Grout Intervals From 54 ft. to 52 ft. From 47 ft. to 3 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 _____ Lust Site Direction from well? _____ How many feet? _____																														
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS																									
1	30	Clay, Silty, High Pasticity CH																												
30	40	Sand, Clayey SC																												
40	53	Clay, Silty, High Plasticity CH																												
53	59	Sand SP																												
					ASW33S&D																									
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 07/29/2008 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 594 . This Water Well Record was completed on (mo/day/year) 8-22-08 under the business name of Coranco Great Plains, Inc. by (signature) <i>Robert [Signature]</i>																														
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 .																														