

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources; App. No.  

|  |           |  |  |  |                 |   |
|--|-----------|--|--|--|-----------------|---|
| <b>1 LOCATION OF WATER WELL:</b>   |           | Fraction   |  | Section Number   | Township Number | Range Number                              |
| County: <b>Pratt</b>   |           | <b>SE ¼ SE ¼ NW ¼</b>  |  | <b>3</b>   | T <b>27</b> S   | R <b>13</b> (W)                           |
| Distance and direction from nearest town or city street address of well if located within city?<br><b>Main &amp; Sumner, IUKA, KS 67066</b>  |           |  |  | <b>Global Positioning System</b> (decimal degrees, min. of 4 digits)<br>Latitude: _____<br>Longitude: _____<br>Elevation: _____<br>Datum: _____<br>Data Collection Method: _____ |                 |   |
| <b>2 WATER WELL OWNER: Kanza Cooperative Association</b><br>RR#, St. Address, Box # : <b>PO BOX 175</b><br>City, State, ZIP Code : <b>IUKA, KS 67066</b>   |           |  |  |  |                 |   |
| <b>3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:</b>   |           | <b>4 DEPTH OF COMPLETED WELL 57 and 51 ft.</b>   |  |  |                 |   |
| <div style="text-align: center;"> </div>   |           | Depth(s) Groundwater Encountered 1 <u>  NM  </u> ft. 2 _____ ft. 3 _____ ft.<br>WELL'S STATIC WATER LEVEL <u>  NM  </u> ft. below land surface measured on mo/day/yr<br>Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm<br>Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm<br>WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning <b>11 Injection well</b><br>1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)<br>2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well |  |  |                 |   |
|  |           | Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> ; If yes, mo/day/yr Sample was submitted _____<br>Water Well Disinfected? Yes _____ No <b>X</b>   |  |  |                 |   |
| <b>5 TYPE OF CASING USED:</b>  |           |  |  |  |                 |   |
| 1 Steel  |           | 3 RMP (SR)   |  | 5 Wrought Iron   |                 | 8 Concrete tile                           |
| (2 PVC)  |           | 4 ABS  |  | 6 Asbestos-Cement  |                 | 9 Other (specify below)                   |
|  |           |  |  | 7 Fiberglass   |                 | CASING JOINTS: Glued _____ Clamped _____  |
| Blank casing diameter <u>  1  </u> in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.  |           |  |  |  |                 |   |
| Casing height below land surface <u>  .4  </u> in., Weight _____ lbs./ft. Wall thickness or gauge No. <b>Sch. 40 PVC</b>   |           |  |  |  |                 |   |
| TYPE OF SCREEN OR PERFORATION MATERIAL:  |           |  |  |  |                 |   |
| 1 Steel  |           | 3 Stainless steel  |  | 5 Fiberglass (7 PVC)   |                 | 9 ABS                                     |
| 2 Brass  |           | 4 Galvanized steel   |  | 6 Concrete tile  |                 | 8 RM (SR)                                 |
|  |           |  |  |  |                 | 10 Asbestos-Cement                        |
|  |           |  |  |  |                 | 11 Other (specify) _____                  |
| SCREEN OR PERFORATION OPENINGS ARE:  |           |  |  |  |                 |   |
| 1 Continuous slot  |           | 3 Mill slot  |  | 5 Guaze wrapped  |                 | 7 Torch cut                               |
| 2 Louvered shutter   |           | 4 Key punched  |  | 6 Wire wrapped   |                 | 8 Saw Cut                                 |
|  |           |  |  |  |                 | 9 Drilled holes                           |
|  |           |  |  |  |                 | 11 None (open hole)                       |
| SCREEN-PERFORATED INTERVALS: From <u>  57  </u> ft. to <u>  55  </u> ft. From _____ ft. to _____ ft.   |           |  |  |  |                 |   |
| From <u>  51  </u> ft. to <u>  50  </u> ft. From _____ ft. to _____ ft.  |           |  |  |  |                 |   |
| GRAVEL PACK INTERVALS: From <u>  59  </u> ft. to <u>  54  </u> ft. From _____ ft. to _____ ft.   |           |  |  |  |                 |   |
| From <u>  52  </u> ft. to <u>  48  </u> ft. From _____ ft. to _____ ft.  |           |  |  |  |                 |   |
| <b>6 GROUT MATERIAL:</b> 1 Neat cement 2 Cement grout (3 Bentonite) 4 Other  |           |  |  |  |                 |   |
| Grout Intervals From <u>  54  </u> ft. to <u>  52  </u> ft. From <u>  48  </u> ft. to <u>  3  </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                         |
| 2 Sewer lines  |           | 5 Cess pool  |  | 8 Sewage lagoon  |                 | 11 Fuel storage                           |
| 3 Watertight sewer lines   |           | 6 Seepage pit  |  | 9 Feedyard   |                 | 12 Fertilizer storage                     |
|  |           |  |  |  |                 | 13 Insecticide Storage                    |
|  |           |  |  |  |                 | 14 Abandoned water well                   |
|  |           |  |  |  |                 | 15 Oil well/ gas well                     |
|  |           |  |  |  |                 | 16 Other (specify below) <b>Lust Site</b> |
| Direction from well? _____ How many feet? _____  |           |  |  |  |                 |   |
| FROM   | TO        | LITHOLOGIC LOG   |  | FROM   | TO              | PLUGGING INTERVALS                        |
| <b>1</b>   | <b>30</b> | <b>Clay, Silty, High Pasticity CH</b>  |  |  |                 |   |
| <b>30</b>  | <b>40</b> | <b>Sand, Clayey SC</b>   |  |  |                 |   |
| <b>40</b>  | <b>52</b> | <b>Clay, Silty, High Plasticity CH</b>   |  |  |                 |   |
| <b>52</b>  | <b>59</b> | <b>Sand SP</b>   |  |  |                 |   |
|  |           |  |  |  |                 | <b>ASW34S&amp;D</b>                       |
|  |           |  |  |  |                 |   |
|  |           |  |  |  |                 |   |
|  |           |  |  |  |                 |   |
|  |           |  |  |  |                 |   |
| <b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>  07/30/2008  </u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>  594  </u> . This Water Well Record was completed on (mo/day/year) <u>  8-22-08  </u> under the business name of <u>  Coranco Great Plains, Inc.  </u> by (signature) _____ |           |  |  |  |                 |   |
| 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 <a href="http://www.kdheks.gov/waterwell">http://www.kdheks.gov/waterwell</a> .                                     |           |  |  |  |                 |   |