

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources; App. No. \_\_\_\_\_

<b>1 LOCATION OF WATER WELL:</b> County: <u>Kingman</u>	Fraction <u>1/4 NE 1/4 NE 1/4</u>	Section Number <u>28</u>	Township Number T <u>27S</u>	Range Number R <u>5 E/W</u>
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Distance and direction from nearest town or city street address of well if located within city?  
Beq 530 of NE corner of NE 3.3 acres

**Global Positioning Systems** (decimal degrees, min. of 4 digits)  
 Latitude: \_\_\_\_\_  
 Longitude: \_\_\_\_\_  
 Elevation: \_\_\_\_\_  
 Datum: \_\_\_\_\_  
 Data Collection Method: \_\_\_\_\_

**2 WATER WELL OWNER:**  
 RR#, St. Address, Box # 13999 N.E. 20th St.  
 City, State, ZIP Code Cheney, KS 67025

<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> N <table border="1" style="width:100%; text-align: center; border-collapse: collapse;"><tr><td style="width:25%;"> </td><td style="width:25%;"> </td><td style="width:25%;"> </td><td style="width:25%;"> </td></tr><tr><td>--NW--</td><td>--NE--</td><td></td><td></td></tr><tr><td style="text-align: center;">W</td><td style="text-align: center;">X</td><td></td><td style="text-align: center;">E</td></tr><tr><td>--SW--</td><td>--SE--</td><td></td><td></td></tr><tr><td></td><td></td><td style="text-align: center;">S</td><td></td></tr></table>					--NW--	--NE--			W	X		E	--SW--	--SE--					S		<b>4 DEPTH OF COMPLETED WELL</b> ..... <u>80</u> ..... ft. Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL... <u>1.7</u> ..... 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 <u>Domestic</u> 3 Feedlot      6 Oil field water supply      9 Dewatering      12 Other (Specify below) 2 Irrigation      4 Industrial      7 <del>Domestic (municipal &amp; residential)</del> 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes ..... No <input checked="" type="checkbox"/> ; If yes, mo/day/yr Sample was submitted..... Water well disinfected? Yes <input checked="" type="checkbox"/> No .....
--NW--	--NE--																				
W	X		E																		
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**5 TYPE OF CASING USED:**  
 1 Steel      3 RMP (SR)      6 Asbestos-Cement      9 Other (specify below)  
 2 PVC      4 ABS      7 Fiberglass  
 CASING JOINTS: Glued.....  Clamped.....  
 Welded.....  
 Threaded.....  
 Blank casing diameter ..... 5 ..... in. to ..... 80 ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
 Casing height above land surface..... 16 ..... in., Weight .. 160 ..... lbs./ft. Wall thickness or guage No. 26  
 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 Gauzed 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) .....

**6 GROUT MATERIAL:** 1 Neat cement      2 Cement grout      3 Bentonite      4 Other .....  
 Grout Intervals: From ..... 4 ..... ft. to ..... 24 ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
 What is the nearest source of possible contamination: none @ time of drilling  
 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

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<u>0</u>	<u>2</u>	<u>Topsoil</u>			
<u>2</u>	<u>7</u>	<u>tan clay</u>			
<u>7</u>	<u>21</u>	<u>sandy clay</u>			
<u>21</u>	<u>33</u>	<u>med sand</u>			
<u>33</u>	<u>80</u>	<u>Red shale</u>			

**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) ..... 6.16.06 ..... and this record is true to the best of my knowledge and belief.  
 Kansas Water Well Contractor's License No. 601 ..... This Water Well Record was completed on (mo/day/year) ..... 11/10/06 .....  
 under the business name of Chase Drilling by (signature) D. Chase

**INSTRUCTIONS:** Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline 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/index.html>.