

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

| | | | | |
|---|---|----------------------|---------------------------|--------------------------------|
| LOCATION OF WATER WELL: County: Kingman | Fraction NW $\frac{1}{4}$ NE $\frac{1}{4}$ NE $\frac{1}{4}$ NE $\frac{1}{4}$ | Section Number 29 | Township Number T 27 S | Range Number R 7 E W |
|---|---|----------------------|---------------------------|--------------------------------|

Distance and direction from nearest town or city street address of well if located within city?
3 miles east of Kingman, KS

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

2 WATER WELL OWNER: Melissa Riopel
RR#, St. Address, Box # 258 E. C Ave.
City, State, ZIP Code Kingman, KS 67068

| | | | | | | | | | | | |
|--|--------|--|--------|--------|--|--|--------|--------|--|--|---|
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N W <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td> </td><td> </td></tr> <tr><td>--NW--</td><td>--NE--</td></tr> <tr><td> </td><td> </td></tr> <tr><td>--SW--</td><td>--SE--</td></tr> <tr><td> </td><td> </td></tr> </table> E S | | | --NW-- | --NE-- | | | --SW-- | --SE-- | | | <p>4 DEPTH OF COMPLETED WELL 51 ft.</p> <p>Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft.</p> <p>WELL'S STATIC WATER LEVEL 15 ft. below land surface measured on mo/day/yr 10-18-06</p> <p>Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm</p> <p>Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm</p> <p>WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn& garden) 10 Monitoring well</p> <p>Was a chemical/bacteriological sample submitted to Department? Yes _____ No X If yes, mo/day/yr Sample was submitted _____ Water well disinfected? Yes X No _____</p> |
| | | | | | | | | | | | |
| --NW-- | --NE-- | | | | | | | | | | |
| | | | | | | | | | | | |
| --SW-- | --SE-- | | | | | | | | | | |
| | | | | | | | | | | | |

5 TYPE OF CASING USED:

| | | | | |
|--------------|------------|-------------------|-------------------------|--|
| 1 Steel | 3 RMP (SR) | 6 Asbestos-Cement | 9 Other (specify below) | CASING JOINTS: Glued _____ Clamped _____ |
| 2 PVC | 4 ABS | 7 Fiberglass | | Welded _____ Threaded X |

Blank casing diameter ⁵ _____ in. to ¹¹ _____ ft., Diameter. _____ in. to _____ ft., Diameter _____ in. to _____ ft.
 Casing height above land surface ³² _____ in., Weight _____ lbs./ft. Wall thickness or guage No. **SCH40**

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) _____ | |

SCREEN-PERFORATED INTERVALS: From ¹¹ _____ ft. to ³¹ _____ ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From ³⁷ _____ ft. to ⁹ _____ 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 ⁵¹ _____ ft. to ³⁷ _____ ft., From ¹¹ _____ ft. to ⁰ _____ 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 | |

Direction from well? **N/A** How many feet? **N/A**

| FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
|------|----|-------------------------------|------|------|---------------------|
| 0 | 5 | Topsoil | 51 | 37.6 | 3/8 Bentonite chips |
| 4 | 10 | Tan clay and coarse sand | 37.6 | 11 | 10/20 Sand |
| 10 | 15 | Tan clay and coarse sand | 11 | 0 | 3/8 Bentonite chips |
| 15 | 20 | Fine to medium sand | | | |
| 20 | 30 | Coarse to medium sand - black | | | |
| 30 | 35 | Red shale with black sands | | | |
| 35 | 55 | Red shale | | | |

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) 10-17-06 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 665 This Water Well Record was completed on (mo/day/year) 11-9-06 under the business name of Pratt Well Environmental by (signature) *Jason E. Pratt*

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, 1 000 SW Jackson St., Suite 420, Topeka, Kansas 66612- 1 367. 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.kdhe.state.ks.us/geo/waterwells>.