

STATE WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL:
 County: Kingman Fraction: 1/4 NW 1/4 NE 1/4 Section Number: 29 Township Number: T 27 S Range Number: R 9 E
 Distance and direction from nearest town or city street address of well if located within city: 1/4 mile N.E. side of road **Global Positioning Systems** (decimal degrees, min. of 4 digits)
 Latitude: _____ Longitude: _____

2 WATER WELL OWNER: Church of Chr. St
 RR#, St. Address, Box #: 112 S. Spruce
 City, State, ZIP Code: Perisodaks
 Elevation: _____ Datum: _____
 Data Collection Method: _____

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N	
X	
--NW--	--NE--
--SW--	--SE--
S	

4 DEPTH OF COMPLETED WELL 155 ft.
 Depth(s) Groundwater Encountered (1) NA ft. (2) _____ ft. (3) _____ ft.
 WELL'S STATIC WATER LEVEL NA ft. below land surface measured on 5-23-11
 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:
 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No ; If yes, mo/day/yr _____
 Sample was submitted _____ Water well disinfected? Yes No _____

5 TYPE OF CASING USED:
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below)
 PVC 4 ABS 7 Fiberglass
 Blank casing diameter 4 in. to _____ ft., Diameter 155 in. to _____ ft., Diameter _____ in. to _____ ft.
 Casing height above land surface 12 in., Weight 160 lbs./ft. Wall thickness or gauge No. _____
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless Steel 5 Fiberglass 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:
 Continuous slot 3 Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)
 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw cut 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From 155 ft. to 135 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 155 ft. to 21 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout Bentonite 4 Other _____
 Grout Intervals: From 21 ft. to 0 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide storage 16 Other (specify) _____
 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well below
 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/gas well
 Direction from well? NE How many feet? 200 Ft

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5	Black top soil			
5	30	Tan clay			
30	50	Fine sand			
50	65	Tan clay			
65	150	Fine sand (Tan)			
150	155	Red shale			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 5-23-11 and this record is true to the best of my knowledge and belief.
 Kansas Water Well Contractor's License No. 672 This Water Well Record was completed on (mo/day/year) 6-18-11
 under the business name of Crowdis Water Well by (signature) [Signature]

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blank, 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>.