

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: <u>PRATT</u> Fraction <u>NE 1/4 NE 1/4 NE 1/4</u> Distance and direction from nearest town or city street address of well if located within city? <u>SW of Pratt</u>		Section Number <u>8</u> Township Number <u>T 28 S</u> Range Number <u>R 13 E</u>		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____																																																							
2 WATER WELL OWNER: RR#, St. Address, Box # : <u>Schm Meyer</u> <u>10090 SW Eastridge Rd.</u> City, State, ZIP Code : <u>Pratt KS 67124</u>		4 DEPTH OF COMPLETED WELL <u>120</u> ft. Depth(s) Groundwater Encountered (1) <u>63</u> ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL <u>63</u> ft. below land surface measured on mo/day/yr <u>2-20-08</u> 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 <input checked="" type="checkbox"/> 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 _____ 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 _____																																																									
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> <table border="1" style="margin: auto;"> <tr> <td style="width: 20px;">N</td> <td style="width: 40px;"></td> <td style="width: 20px;"></td> </tr> <tr> <td></td> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td style="text-align: center;">NW</td> <td style="text-align: center;">NE</td> <td></td> </tr> <tr> <td style="width: 20px;">W</td> <td style="width: 40px;"></td> <td style="width: 20px;"></td> </tr> <tr> <td></td> <td style="text-align: center;">SE</td> <td></td> </tr> <tr> <td style="text-align: center;">SW</td> <td style="text-align: center;">SE</td> <td></td> </tr> <tr> <td style="width: 20px;">S</td> <td style="width: 40px;"></td> <td style="width: 20px;"></td> </tr> </table> </div>						N				X		NW	NE		W				SE		SW	SE		S																																			
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5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____ 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____ <input checked="" type="checkbox"/> 2 PVC 4 ABS <u>4</u> 7 Fiberglass _____ Threaded _____ Blank casing diameter <u>4</u> in. to <u>12</u> ft., Diameter <u>100</u> in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface <u>12</u> in., Weight _____ lbs./ft. Wall thickness or gauge No. _____ TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass <input checked="" type="checkbox"/> 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: <input checked="" type="checkbox"/> 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 <u>120</u> ft. to <u>100</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>120</u> ft. to <u>22</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.																																																											
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> Bentonite 4 Other _____ Grout Intervals: From <u>22</u> ft. to <u>0</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. What is the nearest source of possible contamination: <input checked="" type="checkbox"/> Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify) <input checked="" type="checkbox"/> 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well below 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well Direction from well? <u>NE</u> How many feet? <u>500</u>																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>3</td> <td>Black Top Soil</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td>18</td> <td>Coarse Sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>18</td> <td>23</td> <td>White Clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>23</td> <td>30</td> <td>Coarse Sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>30</td> <td>45</td> <td>Tan Clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>45</td> <td>65</td> <td>Coarse Sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>65</td> <td>72</td> <td>Tan Clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>72</td> <td>120</td> <td>Coarse Sand</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0	3	Black Top Soil				3	18	Coarse Sand				18	23	White Clay				23	30	Coarse Sand				30	45	Tan Clay				45	65	Coarse Sand				65	72	Tan Clay				72	120	Coarse Sand			
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>2-20-08</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor License No. <u>672</u> This Water Well Record was completed on (mo/day/year) <u>2-3-08</u> under the business name of <u>Crowds Waterwell</u> by (signature) <u>[Signature]</u> 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 .																																																											