

## WATER WELL RECORD

## Form WWC-5

Division of Water Resources; App. No. 

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |                                                                                                                                                                                                                                                                                                                               |   |                                                                                                                                                                                   |  |                                  |    |                                  |   |          |  |          |  |   |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |
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| <b>1 LOCATION OF WATER WELL:</b><br>County: <u>Pratt</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     | Fraction<br><u>SW 1/4 NE 1/4 SE 1/4</u>                                                                                                                                                                                                                                                                                       |   | Section Number<br><u>14</u>                                                                                                                                                       |  | Township Number<br><u>T 28 S</u> |    | Range Number<br><u>R 13w E/W</u> |   |          |  |          |  |   |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |
| Distance and direction from nearest town or city street address of well if located within city?<br><u>2S, 1E of Pratt, KS</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                                                                                                                                                                                                                                                                                                                               |   | <b>Global Positioning Systems</b> (decimal degrees, min. of 4 digits)<br>Latitude: _____<br>Longitude: _____<br>Elevation: _____<br>Datum: _____<br>Data Collection Method: _____ |  |                                  |    |                                  |   |          |  |          |  |   |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |
| <b>2 WATER WELL OWNER:</b> <u>Brenda Fowler</u><br>RR#, St. Address, Box # : <u>20351 SE 20th Ave.</u><br>City, State, ZIP Code : <u>Pratt, KS 67124</u>                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |                                                                                                                                                                                                                                                                                                                               |   |                                                                                                                                                                                   |  |                                  |    |                                  |   |          |  |          |  |   |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |
| <b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b><br>N<br><table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr><td colspan="2">-- NW --</td><td colspan="2">-- NE --</td></tr> <tr><td>W</td><td> </td><td> </td><td>E</td></tr> <tr><td colspan="2">-- SW --</td><td colspan="2">-- SX --</td></tr> <tr><td colspan="2">S</td><td colspan="2"></td></tr> </table>                                                                                                                                                                              |     | -- NW --                                                                                                                                                                                                                                                                                                                      |   | -- NE --                                                                                                                                                                          |  | W                                |    |                                  | E | -- SW -- |  | -- SX -- |  | S |  |  |  | <b>4 DEPTH OF COMPLETED WELL</b> ..... <u>137</u> ..... ft.<br><br>Depth(s) Groundwater Encountered (1)..... <u>80</u> ..... ft. (2)..... ft. (3)..... ft.<br>WELL'S STATIC WATER LEVEL..... <u>80</u> ..... ft. below land surface measured on mo/day/yr. <u>05/11/09</u><br>Pump test data: Well water was.....ft. after..... hours pumping..... gpm<br>Est. Yield... <u>50</u> ...gpm: Well water was.....ft. after..... hours pumping..... gpm<br>WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well<br>1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)<br>2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well<br><br>Was a chemical/bacteriological sample submitted to Department? Yes ..... <u>No</u> .....; If yes, mo/day/yr<br>Sample was submitted..... Water well disinfected? <u>Yes</u> ..... No ..... |  |  |  |  |  |  |  |
| -- NW --                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     | -- NE --                                                                                                                                                                                                                                                                                                                      |   |                                                                                                                                                                                   |  |                                  |    |                                  |   |          |  |          |  |   |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |
| W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |                                                                                                                                                                                                                                                                                                                               | E |                                                                                                                                                                                   |  |                                  |    |                                  |   |          |  |          |  |   |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |
| -- SW --                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     | -- SX --                                                                                                                                                                                                                                                                                                                      |   |                                                                                                                                                                                   |  |                                  |    |                                  |   |          |  |          |  |   |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |
| S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |                                                                                                                                                                                                                                                                                                                               |   |                                                                                                                                                                                   |  |                                  |    |                                  |   |          |  |          |  |   |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |
| <b>5 TYPE OF CASING USED:</b><br>1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below)<br><u>2 PVC</u> 4 ABS 7 Fiberglass                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     | 5 Wrought Iron 8 Concrete tile<br>Blank casing diameter ..... <u>5</u> ..... in. to ..... <u>117</u> ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.<br>Casing height above land surface..... <u>12</u> ..... in., Weight .. <u>2.8</u> ..... lbs./ft. Wall thickness or gauge No. <u>Sch. 40</u> |   | CASING JOINTS: <u>Glued</u> ..... Clamped.....<br>Welded.....<br>Threaded.....                                                                                                    |  |                                  |    |                                  |   |          |  |          |  |   |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:<br>1 Steel 3 Stainless Steel 5 Fiberglass <u>7 PVC</u> 9 ABS 11 Other (Specify) .....<br>2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)                                                                                                                                                                                                                                                                                                                                                               |     | SCREEN OR PERFORATION OPENINGS ARE:<br>1 Continuous slot 3 Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)<br>2 Louvered shutter 4 Key punched 6 Wire wrapped <u>8 Saw cut</u> 10 Other (specify) .....                                                                                            |   |                                                                                                                                                                                   |  |                                  |    |                                  |   |          |  |          |  |   |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |
| SCREEN-PERFORATED INTERVALS: From..... <u>117</u> ..... ft. to ..... <u>137</u> ..... ft., From ..... ft. to ..... ft.<br>From..... ft. to ..... ft., From ..... ft. to ..... ft.                                                                                                                                                                                                                                                                                                                                                                                                               |     | GRAVEL PACK INTERVALS: From..... <u>27</u> ..... ft. to ..... <u>81</u> ..... ft., From ..... <u>87</u> ..... ft. to ..... <u>137</u> ..... ft.<br>From..... ft. to ..... ft., From ..... ft. to ..... ft.                                                                                                                    |   |                                                                                                                                                                                   |  |                                  |    |                                  |   |          |  |          |  |   |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |
| <b>6 GROUT MATERIAL:</b> 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     | Grout Intervals: From ... <u>0</u> ..... ft. to ..... <u>27</u> ..... ft., From ..... <u>81</u> ..... ft. to ..... <u>85</u> ..... ft., From ..... ft. to ..... ft.                                                                                                                                                           |   |                                                                                                                                                                                   |  |                                  |    |                                  |   |          |  |          |  |   |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |
| What is the nearest source of possible contamination:<br>1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide storage 16 Other (specify)<br>2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well below<br>3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/gas well <u>house</u><br>Direction from well? ..... <u>Northwest</u> ..... How many feet? ..... <u>90</u> .....                                                                                                                                |     |                                                                                                                                                                                                                                                                                                                               |   |                                                                                                                                                                                   |  |                                  |    |                                  |   |          |  |          |  |   |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | TO  | LITHOLOGIC LOG                                                                                                                                                                                                                                                                                                                |   |                                                                                                                                                                                   |  | FROM                             | TO | PLUGGING INTERVALS               |   |          |  |          |  |   |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1   | top soil                                                                                                                                                                                                                                                                                                                      |   |                                                                                                                                                                                   |  |                                  |    |                                  |   |          |  |          |  |   |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5   | clay                                                                                                                                                                                                                                                                                                                          |   |                                                                                                                                                                                   |  |                                  |    |                                  |   |          |  |          |  |   |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |
| 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 8   | limestone                                                                                                                                                                                                                                                                                                                     |   |                                                                                                                                                                                   |  |                                  |    |                                  |   |          |  |          |  |   |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |
| 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 23  | sand and gravel                                                                                                                                                                                                                                                                                                               |   |                                                                                                                                                                                   |  |                                  |    |                                  |   |          |  |          |  |   |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |
| 23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 60  | clay                                                                                                                                                                                                                                                                                                                          |   |                                                                                                                                                                                   |  |                                  |    |                                  |   |          |  |          |  |   |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |
| 60                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 80  | sand and gravel                                                                                                                                                                                                                                                                                                               |   |                                                                                                                                                                                   |  |                                  |    |                                  |   |          |  |          |  |   |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |
| 80                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 86  | clay                                                                                                                                                                                                                                                                                                                          |   |                                                                                                                                                                                   |  |                                  |    |                                  |   |          |  |          |  |   |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |
| 86                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 137 | sand and gravel clay bottom                                                                                                                                                                                                                                                                                                   |   |                                                                                                                                                                                   |  |                                  |    |                                  |   |          |  |          |  |   |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |
| <b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>05/11/09</u> ..... and this record is true to the best of my knowledge and belief.<br>Kansas Water Well Contractor's License No. .... <u>186</u> ..... This Water Well Record was completed on (mo/day/year) <u>05/12/09</u> .....<br>under the business name of <u>Kelly's Water Well Service, Inc.</u> by (signature) <u>Kathryn L Good</u>                                                    |     |                                                                                                                                                                                                                                                                                                                               |   |                                                                                                                                                                                   |  |                                  |    |                                  |   |          |  |          |  |   |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |
| <b>INSTRUCTIONS:</b> Use typewriter or ball point pen. <i>PLEASE PRESS FIRMLY and PRINT</i> 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 <u>constructed</u> well. Visit us at <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> . |     |                                                                                                                                                                                                                                                                                                                               |   |                                                                                                                                                                                   |  |                                  |    |                                  |   |          |  |          |  |   |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |