

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: Kiowa	Fraction SW $\frac{1}{4}$ SW $\frac{1}{4}$ NE $\frac{1}{4}$	Section Number 16	Township Number T 28 S	Range Number R 18 E (W)
Distance and direction from nearest town or city street address of well if located within city? From the corner of Ohio Street and Pine Street, 225' N and 50' E		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____		
2 WATER WELL OWNER: Southern Plains COOP RR#, St. Address, Box # 311 N. Main City, State, ZIP Code Greensburg, KS 67054				

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"><tr><td style="width: 25%;">--NW--</td><td style="width: 25%;">--NE--</td></tr><tr><td style="width: 25%;">W</td><td style="width: 25%;">E</td></tr><tr><td style="width: 25%;">--SW--</td><td style="width: 25%;">--SE--</td></tr><tr><td style="width: 25%;">S</td><td style="width: 25%;"> </td></tr></table>	--NW--	--NE--	W	E	--SW--	--SE--	S		4 DEPTH OF COMPLETED WELL 100 ft. Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL 75 ft. below land surface measured on mo/day/yr 2/4/09 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 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 X If yes, mo/day/yr Sample was submitted _____ Water well disinfected? Yes _____ No X
--NW--	--NE--								
W	E								
--SW--	--SE--								
S									

5 TYPE OF CASING USED:		5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____	
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded _____	
(2) PVC	4 ABS	7 Fiberglass		Threaded yes	
Blank casing diameter 2 in. to 85 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.		Casing height above land surface 0 in., Weight SCH 40 lbs./ft. Wall thickness or gauge No. _____			
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 100 ft. to 85 ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From 100 ft. to 82 ft., From _____ ft. to _____ ft.					

6 GROUT MATERIAL:		1 Neat cement	2 Cement grout	(3) Bentonite	4 Other _____
Grout Intervals: From 82 ft. to 78 ft., From _____ ft. to _____ 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? IMMEDIATE VICINITY		How many feet? IMMEDIATE VICINITY			

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0'	1'	Crushed rock and gravel (fill)			
1'	2.5'	Silty clay, red brown, stiff			
2.5'	17'	Sandy clay, red brown, fine grain			
17'	60'	Sand, yellow brown, fine to medium grain			Went from temporary monitor well on 2/4/09
60'	82'	Sand, yellow brown to red brown, medium to coarse grain, trc, gravel			to permanent monitor well on 3/17/09
					FG-7

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) 3/17/09 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) 3/24/09 under the business name of Pratt Well Service, Inc. by (signature) *[Signature]*

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>.