

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: Kiowa	Fraction NE $\frac{1}{4}$ NE $\frac{1}{4}$ NE $\frac{1}{4}$	Section Number 1	Township Number T 28 S	Range Number R 20 E <u>W</u>
Distance and direction from nearest town or city street address of well if located within city?		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____		

2 WATER WELL OWNER: George Sherer
RR#, St. Address, Box # 1321 Parkview Drive
City, State, ZIP Code Pratt, KS 67124

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> </td><td> </td><td> </td><td> </td></tr> <tr><td>--NW--</td><td>--NE--</td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>--SW--</td><td>--SE--</td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table> W E S					--NW--	--NE--							--SW--	--SE--							4 DEPTH OF COMPLETED WELL 125 ft. Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL ⁶³ _____ ft. below land surface measured on mo/day/yr 3/19/08 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 _____
--NW--	--NE--																				
--SW--	--SE--																				

5 TYPE OF CASING USED:

1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____
<input checked="" type="checkbox"/> 2 PVC	4 ABS	7 Fiberglass		Welded _____
				Threaded _____

Blank casing diameter ⁵ _____ in. to ¹⁰⁸ _____ ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.
Casing height above land surface ³ _____ in., Weight SCH 40 _____ 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:

1 Continuous slot	<input checked="" type="checkbox"/> 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 ¹²⁵ _____ ft. to ¹⁰⁵ _____ ft., From _____ ft. to _____ ft.
From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From ¹²⁵ _____ ft. to ²⁰ _____ 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 ²⁰ _____ ft. to ⁰ _____ 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? ⁹⁹⁹ _____ How many feet? ⁹⁹⁹ _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	60	Fine Sands and clay layers			
60	115	Good gravel and clay layers			
115	135	Blue shale and white clay layered			

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) ^{3/19/08} _____ 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) ^{5/7/08} _____
under the business name of Pratt Well Service, Inc. by (signature) *Steven Hill*

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>.