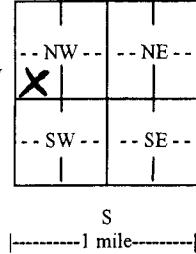
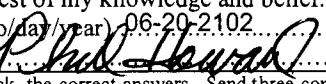


## WATER WELL RECORD

## Form WWC-5

Division of Water Resources App. No. \_\_\_\_\_

1 LOCATION OF WATER WELL: County: GRAY CO		Fraction $\frac{1}{4}$ SW $\frac{1}{4}$ SW $\frac{1}{4}$ NW $\frac{1}{4}$	Section Number 29	Township No. T 28 S	Range Number R 27 E <input checked="" type="checkbox"/> W		
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> .			Global Positioning System (GPS) information: Latitude: ..... (in decimal degrees) Longitude: ..... (in decimal degrees) Elevation: ..... Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27				
JCT of 23&54: 21 N on 23 to RD CC, 2 E to dead end, 1/2 S, 150 E to State W/Blue Flags			Collection Method: <input type="checkbox"/> GPS unit (Make/Model: .....) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m				
2 WATER WELL OWNER: RR#, Street Address, Box #: 29506 RD City, State, ZIP Code : Ensign KS 67841							
3 LOCATE WELL WITH AN "X" IN SECTION BOX:  		<b>4 DEPTH OF COMPLETED WELL</b> 240 ft. Depth(s) Groundwater Encountered (1) 100 ft. (2) ..... ft. (3) ..... ft. WELL'S STATIC WATER LEVEL 100 ft. below land surface measured on mo/day/yr. 06-04-12 Pump test data: Well water was 155 ft. after 1 hours pumping. 55 gpm EST. YIELD 55 gpm. Well water was ..... ft. after ..... hours pumping ..... gpm Bore Hole Diameter 10 3/4 in. to 240 ft. and ..... in. to ..... ft. WELL WATER TO BE USED AS: <input type="checkbox"/> Public water supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Injection well <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below) <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Domestic-lawn & garden <input type="checkbox"/> Monitoring well ..... Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, mo/day/yr sample was submitted ..... Water well disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
<b>5 TYPE OF CASING USED:</b> <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other ..... CASING JOINTS: <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded Casing diameter 5 in. to 160 ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft. Casing height above land surface 24 in., Weight 3.706 lbs./ft., Wall thickness or gauge No. SDR 21-316 TYPE OF SCREEN OR PERFORATION MATERIAL: <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) ..... <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> None used (open hole)							
SCREEN OR PERFORATION OPENINGS ARE: <input type="checkbox"/> Continuous slot <input type="checkbox"/> Mill slot <input type="checkbox"/> Gauze wrapped <input type="checkbox"/> Torch cut <input type="checkbox"/> Drilled holes <input type="checkbox"/> None (open hole) <input type="checkbox"/> Louvered shutter <input type="checkbox"/> Key punched <input type="checkbox"/> Wire wrapped <input checked="" type="checkbox"/> Saw cut <input type="checkbox"/> Other (specify) .....							
SCREEN-PERFORATED INTERVALS: From 160 ft. to 200 ft., From ..... ft. to ..... ft. From 220 ft. to 240 ft., From ..... ft. to ..... ft. GRAVEL PACK INTERVALS: From 60 ft. to 240 ft., From ..... ft. to ..... ft. From ..... ft. to ..... ft., From ..... ft. to ..... ft.							
<b>6 GROUT MATERIAL:</b> <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input type="checkbox"/> Bentonite <input type="checkbox"/> Other ..... Grout Intervals: From 1 ft. to 25 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft. What is the nearest source of possible contamination: <input type="checkbox"/> Septic tank <input type="checkbox"/> Lateral lines <input type="checkbox"/> Pit-privy <input type="checkbox"/> Livestock pens <input type="checkbox"/> Insecticide storage <input type="checkbox"/> Other (specify below) <input type="checkbox"/> Sewer lines <input type="checkbox"/> Cesspool <input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Fuel storage <input type="checkbox"/> Abandoned water well <input type="checkbox"/> Watertight sewer lines <input type="checkbox"/> Seepage pit <input type="checkbox"/> Feedyard <input type="checkbox"/> Fertilizer storage <input type="checkbox"/> Oil well/gas well							
Direction from well ..... Distance from well .....							
FROM	TO	LITHOLOGIC LOG		FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS	
0	4	TOP SOIL		231	240	BLUE/GREY, CLAY & SHALE	
4	15	BROWN CLAY					
15	76	TAN CLAY					
76	107	PINK SANDY CLAY& SAND					
107	115	SAND/MED. COARSE					
115	134	SAND/SANDSTONE/COARSE SAND					
134	186	SAND/SANDSTONE/SANDY CLAY					
186	203	BLUE CLAY/SANDSTONE					
203	218	BLUE CLAY					
218	231	SANDSTONE/BLUE CLAY					
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/year) 06-20-2012 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 430. This Water Well Record was completed on (mo/day/year) 06-20-2012 under the business name of Howard Dril Co. Box 806 Beaver OK73932 by (signature) 							
<b>INSTRUCTIONS:</b> Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 6612-1367. Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. I include 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> .							