

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources; App. No. **17743**

<b>1 LOCATION OF WATER WELL:</b> County: <b>Gray</b>	Fraction <b>SW ¼ NW ¼ NW ¼</b>	Section Number <b>7</b>	Township Number <b>T 28 S</b>	Range Number <b>R 30 E</b>
Distance and direction from nearest town or city street address of well if located within city? From Montezuma, appx 2 miles North & 11 Miles West		Global Positioning System (decimal degrees, min. of 4 digits) Latitude: <u>37.63170</u> Longitude: <u>100.65221</u> Elevation: <u>2856</u> Datum: _____ Data Collection Method: _____		

**2 WATER WELL OWNER: Lawrence Withers**  
RR#, St. Address, Box # : 2298 90<sup>th</sup> Rd  
City, State, ZIP Code : Copeland KS 67837

<b>3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:</b>	<b>4 DEPTH OF COMPLETED WELL 581 ft.</b>
	Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.
	WELL'S STATIC WATER LEVEL <u>266</u> ft. below land surface measured on mo/day/yr <u>02/15/08</u>
	Pump test data: Well water was <u>290</u> ft. after <u>4</u> hours pumping <u>1671</u> gpm
	Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
WELL WATER TO BE USED AS: 5 _____ 8 Air conditioning 11 Injection well	
1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)	
<input checked="" type="checkbox"/> 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 _____	

**5 TYPE OF CASING USED:**

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

Blank casing diameter 16 in. to 581 ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.

Casing height above land surface 12 in., Weight 42 lbs./ft. Wall thickness or gauge No. .250

**TYPE OF SCREEN OR PERFORATION MATERIAL:**

<input checked="" type="radio"/> 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:**

<input checked="" type="radio"/> 1 Continuous slot	3 Mill slot	5 Guaze 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 313 ft. to 353 ft. From 410 ft. to 430 ft.

From 441 ft. to 561 ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**GRAVEL PACK INTERVALS:** From 20 ft. to 581 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 0 ft. to 20 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	<input checked="" type="radio"/> 14 Abandoned water well	
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage	15 Oil well/ gas well	

Direction from well? South How many feet? 280

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Top soil			
2	38	Clay fine sand cemented			
38	58	Sand fine to med course			
58	68	Clay w/sand			
68	80	Sand fine			
80	120	Clay lime rock			
120	135	Sand fine to med clay			
135	175	Clay sand			
175	297	Sand fine to med course			
297	304	clay			
304	335	Sandy clay			
335	353	Sand fine to med course			
353	406	Clay lime rock few sand			
406	433	Sand fine to small			
433	444	Clay sand			
444	460	Sand fine to med			
460	547	Sand fine to med course w/gravel			

547	561	Sand stone			
561	700	Shale lime stone			

**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) 02/07/08 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 145. This Water Well Record was completed on (mo/day/year) 06/13/08 under the business name of Henkle Drilling & Supply Co, Inc. by (signature) Bruno Reichmuth.

**INSTRUCTIONS:** Please fill in blanks 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>.