

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL:

County: Kingman

Fraction

SE 1/4 SE 1/4 NW 1/4

Section Number

7

Township Number

T 28 S

Range Number

R 9 E **W**

Distance and direction from nearest town or city street address of well if located within city? US HWY 54; East of Cunningham, KS; south 1/4 mile, south 1/2 mile, east 1/2

**Global Positioning Systems** (decimal degrees, min. of 4 digits)  
Latitude: \_\_\_\_\_  
Longitude: \_\_\_\_\_  
Elevation: \_\_\_\_\_  
Datum: \_\_\_\_\_  
Data Collection Method: \_\_\_\_\_

2 WATER WELL OWNER: Dale DeWeese

RR#, St. Address, Box # : 397 NW 150th Ave

City, State, ZIP Code : Cunningham, KS 67035

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N

W

--NW--

--NE--

--SW--

--SE--

S

E

4 DEPTH OF COMPLETED WELL ..... 38 ft.

Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.

WELL'S STATIC WATER LEVEL..... 10.2 ft. below land surface measured on mo/day/yr. 5-17-06

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 **X**..... No .....!

5 TYPE OF CASING USED:

1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile

2 PVC 4 ABS 7 Fiberglass 9 Other (specify below)

CASING JOINTS: Glued **X**..... Clamped.....

Blank casing diameter ..... 5 in. to ..... 18 ft., Diameter. .... in. to ..... ft., Diameter ..... in. to ..... ft.

Casing height above land surface..... 32 in., Weight.....lbs./ft. Wall thickness or guage No. SCH40

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..... 18 ft. to ..... 38 ft., From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From..... 38 ft. to ..... 15 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 ..... 15 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 **Livestock.**

Direction from well? **Immediate vicinity** How many feet? **N/A**..... **pasture**.....

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5	Brown clay	55	38	Natural fill
5	15	Coarse sand	38	15	10/20 Silica Sand
15	20	Coarse to medium sand	15	0	3/8 bentonite chips
20	35	Medium sand			
35	40	Fine sand			
40	45	Fine sand and red clay			
45	55	Red clay			

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) ..... 5-17-06 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) 5-17-06.....

under the business name of **Pratt Well Environmental** by (signature) *Frank Bell*

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, 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.kdhe.state.ks.us/geo/waterwells>.