

## WATER WELL RECORD

## Form WWC-5

Division of Water Resources App. No.

9422

<b>1 LOCATION OF WATER WELL:</b> County: Gray Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input checked="" type="checkbox"/> 31106 3 Road	Fraction NW ¼ SW ¼ NW ¼ ¼	Section Number 4	Township No. T 29 S	Range Number R 30 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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<b>2 WATER WELL OWNER:</b> Robert Reed RR#, Street Address, Box #: P.O. Box 97 City, State, ZIP Code : Copeland, Kansas 67837	<b>Global Positioning System (GPS) information:</b> 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 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
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<b>3 LOCATE WELL WITH AN "X" IN SECTION BOX:</b> N <table style="width:100%; text-align: center;"> <tr> <td style="width:25%;">NW</td> <td style="width:25%;">NE</td> <td style="width:25%;">E</td> </tr> <tr> <td style="width:25%;">W</td> <td style="width:25%;">X</td> <td style="width:25%;">SE</td> </tr> <tr> <td style="width:25%;">SW</td> <td style="width:25%;">S</td> <td style="width:25%;">SE</td> </tr> </table> S  -----1 mile-----	NW	NE	E	W	X	SE	SW	S	SE	<b>4 DEPTH OF COMPLETED WELL</b> ..... 371 ft. Depth(s) Groundwater Encountered (1).255 ft. (2).330 ft. (3).345 ft. WELL'S STATIC WATER LEVEL ..... 230 ft. below land surface measured on mo/day/yr. 12-27-10 Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm EST. YIELD. 700 gpm. Well water was ..... ft. after ..... hours pumping ..... gpm Bore Hole Diameter 27 in. to 371 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 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 checked="" 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
NW	NE	E								
W	X	SE								
SW	S	SE								

  

<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 .16 in. to .311 ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft. Casing height above land surface .12 in., Weight ..... lbs./ft., Wall thickness or gauge No. SDR26 TYPE OF SCREEN OR PERFORATION MATERIAL: <input checked="" 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 checked="" type="checkbox"/> Wire wrapped <input checked="" type="checkbox"/> Saw cut <input type="checkbox"/> Other (specify) ..... SCREEN-PERFORATED INTERVALS: From .311 ft. to .351 PVC ft., From .351 ft. to .371 Stee ft. From ..... ft. to ..... ft., From ..... ft. to ..... ft. GRAVEL PACK INTERVALS: From .20 ft. to .371 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 checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other ..... Grout Intervals: From 0 ft. to 16 ceme ft., From 16 ft. to 20 bnt 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 .....
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FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	30	Topsoil & clay & little lime	121	135	Clay ^ little lime
30	45	Clay & little & fine sand	135	137	Lime & little clay
45	52	Cemented sand & sand	137	150	Sand & little cemented sand
52	53	Lime	150	165	Sand & 2' clay
53	60	Clay & little lime	165	176	Sand
60	69	Clay & little sand	176	180	Clav. lime & little sand
69	90	Sand	180	365	Sand
90	105	Sand with clay	365	375	Lime with clay
105	108	Cemented sand			
108	121	Sand			

  

<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) 12/27/10 ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 223 ..... This Water Well Record was completed on (mo/day/year) 12/24/11 ..... under the business name of Dunham Drilling Inc. by (signature) <i>Raen Dunham</i>	<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 66612-1367. Telephone 785-296-5522. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> .
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