

## WATER WELL RECORD

## Form WWC-5

Division of Water Resources App. No.

12,635

1 LOCATION OF WATER WELL:		Fraction 1/4 SW 1/4 NW 1/4 NE 1/4	Section Number 6	Township No. T 29 S	Range Number R 30 <input type="checkbox"/> 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"/> . approx 6.5 miles southeast of Pierceville, KS						
2 WATER WELL OWNER:		Ron Jantz RR#, Street Address, Box #: 32305 2 Rd City, State, ZIP Code : Copeland, KS 67837	<b>Global Positioning System (GPS) information:</b> Latitude: 37.55899..... (in decimal degrees) Longitude: 100.364316..... (in decimal degrees) Elevation: 2804..... Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input checked="" type="checkbox"/> NAD 27 <b>Collection Method:</b> <input checked="" type="checkbox"/> GPS unit (Make/Model: .....) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey <b>Est. Accuracy:</b> <input type="checkbox"/> <3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m			
3 LOCATE WELL WITH AN "X" IN SECTION BOX:		<b>4 DEPTH OF COMPLETED WELL</b> 482..... ft. Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. <b>WELL'S STATIC WATER LEVEL</b> 254..... ft. below land surface measured on mo/day/yr. 5/30/11..... Pump test data: Well water was 270..... ft. after 4..... hours pumping 1442..... gpm EST. YIELD..... gpm. Well water was..... ft. after..... hours pumping..... gpm Bore Hole Diameter 24..... in. to 482..... ft. and ..... in. to ..... ft. <b>WELL WATER TO BE USED AS:</b> <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				
<b>5 TYPE OF CASING USED:</b> <input checked="" type="checkbox"/> Steel <input type="checkbox"/> PVC <input type="checkbox"/> Other ..... <b>CASING JOINTS:</b> <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Threaded Casing diameter 16..... in. to 482..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft. Casing height above land surface 12..... in., Weight ..... lbs./ft., Wall thickness or gauge No. 0.219..... <b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b> <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) ..... <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> None used (open hole)						
<b>SCREEN OR PERFORATION OPENINGS ARE:</b> <input checked="" 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 type="checkbox"/> Saw cut <input type="checkbox"/> Other (specify) ..... <b>SCREEN-PERFORATED INTERVALS:</b> From 277..... ft. to 477..... ft., From ..... ft. to ..... ft. From ..... ft. to ..... ft., From ..... ft. to ..... ft. <b>GRAVEL PACK INTERVALS:</b> From 20..... ft. to 400..... ft., From 400..... ft. to 480..... ft. From ..... ft. to ..... ft., From ..... ft. to ..... ft.						
<b>6 GROUT MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> 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: <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 checked="" 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"/> None Detected <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	2	top soil	425	436	fine sand & sandy clay beds	
2	58	brown sandy clay	436	462	brwn cly & calicho some fn snd strp	
58	72	fine sand	462	477	clay, some brown rock beds	
72	87	brown sandy clay	477	482	yellow soapstone, & gray clay	
87	125	fine sand, some clay beds				
125	148	snd fine-med crse, some sm med crse				
148	155	brown sandy clay				
155	250	fine-med sand, some coarse gravel				
250	405	snd fine-med crse & med crse mix				
405	425	fne snd & some sm-med mix few cly				
<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) 5/30/11..... 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) 6/23/11..... under the business name of Hydro Resources..... by (signature) <i>Brian J. Rehm Jr.</i>						
<b>INSTRUCTIONS:</b> Use typewriter or ball point pen. <b>PLEASE PRESS FIRMLY</b> and <b>PRINT</b> 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 <u>fee</u> 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> .						