

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources App. No.  

<b>1 LOCATION OF WATER WELL:</b> County: <u>Grant</u>	Fraction <u>NE 1/4 SE 1/4 SW 1/4</u> 1/4	Section Number <u>36</u>	Township No. T <u>27S</u>	Range Number R <u>36</u> <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"/> <u>Ulysses: 7E on Hwy 160 6 S on Rd R 1/2 E on Rd 19 N across green cattleguard angle NE to center</u>		<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		
<b>2 WATER WELL OWNER:</b> RR#, Street Address, Box #: <u>SW Windmill</u> City, State, ZIP Code: <u>P.O. Box 909 Meade, KS 67864</u> <i>Richard Olivas</i>				

<p><b>3 LOCATE WELL WITH AN "X" IN SECTION BOX:</b></p> <p style="text-align: center;">N</p> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 25px; text-align: center;">W</td> <td style="width: 40px; text-align: center;">-- NW --</td> <td style="width: 40px; text-align: center;">-- NE --</td> <td style="width: 25px; text-align: center;">E</td> </tr> <tr> <td></td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">-- SW --</td> <td style="text-align: center;">-- SE --</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">S</td> <td></td> <td></td> </tr> </table> <p style="text-align: center;">-----1 mile-----</p>	W	-- NW --	-- NE --	E						-- SW --	-- SE --							S			<p><b>4 DEPTH OF COMPLETED WELL</b> ...<u>380</u>..... ft.</p> <p>Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.</p> <p>WELL'S STATIC WATER LEVEL.....ft. below land surface measured on mo/day/yr.....</p> <p>Pump test data: Well water was.....ft. after..... hours pumping..... gpm</p> <p>EST. YIELD.....gpm. Well water was.....ft. after..... hours pumping..... gpm</p> <p>Bore Hole Diameter <u>.9.7/8</u> in. to <u>380</u> ft., and ..... in. to ..... ft.</p> <p>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 &amp; garden <input type="checkbox"/> Monitoring well .....</p> <p>Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, mo/day/yr sample was submitted.....</p> <p>Water well disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
W	-- NW --	-- NE --	E																		
	-- SW --	-- SE --																			
	S																				

**5 TYPE OF CASING USED:**  Steel  PVC  Other .....

CASING JOINTS:  Glued  Clamped  Welded  Threaded

Casing diameter 5 in. to 320 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:

Steel  Stainless Steel  PVC  Other (Specify) .....

Brass  Galvanized Steel  None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

Continuous slot  Mill slot  Gauze wrapped  Torch cut  Drilled holes  None (open hole)  
 Louvered shutter  Key punched  Wire wrapped  Saw cut  Other (specify) .....

SCREEN-PERFORATED INTERVALS: From 320 ft. to 380 ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From 110 ft. to 380 ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**6 GROUT MATERIAL:**  Neat cement  Cement grout  Bentonite  Other hole plug.....

Grout Intervals: From 1 ft. to 25 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

What is the nearest source of possible contamination:

Septic tank  Lateral lines  Pit privy  Livestock pens  Insecticide storage  Other (specify below)  
 Sewer lines  Cesspool  Sewage lagoon  Fuel storage  Abandoned water well  
 Watertight sewer lines  Seepage pit  Feedyard  Fertilizer storage  Oil well/gas well .....

Direction from well ..... Distance from well .....

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	3	Topsoil	328	340	Sandy clay
3	12	Sandy clay	340	356	Sand
12	74	Tan clay	356	364	Sandy clay
74	93	Sandy clay	364	378	Sand
93	176	Tan clay	378	380	Clay and rock streaks
176	205	Clay and sand streaks			
205	218	Sandy clay			
218	255	Tan and blue clay			
255	317	Blue clay			
317	328	Sand			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was  constructed,  reconstructed, or  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. KWCL430. This Water Well Record was completed on (mo/day/year) 5-30-11 under the business name of Howard Drilling Box 806 Beaver, OK 73932 (signature) *Howard Drilling*

**INSTRUCTIONS:** Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT 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 785-296-5524. 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 <http://www.kdheks.gov/waterwell/index.html>.