

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

15,815

1 LOCATION OF WATER WELL: County: Stanton		Fraction ¼ NW ¼ SW ¼ SW ¼	Section Number 2	Township No. T 29 S	Range Number R 40 <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 7 miles southwest of Johnson, KS			Global Positioning System (GPS) information: Latitude: 37.55054..... (in decimal degrees) Longitude: 101.67131..... (in decimal degrees) Elevation: 3275..... Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input checked="" type="checkbox"/> NAD 27 Collection Method: <input checked="" 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		
2 WATER WELL OWNER: Five Star Farms RR#, Street Address, Box #: PO Box 450 City, State, ZIP Code : Johnson, KS 67855					
3 LOCATE WELL WITH AN "X" IN SECTION BOX: N W E S -----1 mile-----		4 DEPTH OF COMPLETED WELL 598 Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL 357..... ft. below land surface measured on mo/day/yr. 6/27/11 Pump test data: Well water was 388..... ft. after Y..... hours pumping 805..... gpm EST. YIELD..... gpm. Well water was..... ft. after..... hours pumping..... gpm Bore Hole Diameter 24..... in. to 598..... 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			
5 TYPE OF CASING USED: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> PVC <input type="checkbox"/> Other CASING JOINTS: <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Threaded Casing diameter 16..... in. to 598..... ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface 12..... in., Weight 42.09..... lbs./ft., Wall thickness or gauge No. 0.250..... TYPE OF SCREEN OR PERFORATION MATERIAL: <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) SCREEN OR PERFORATION OPENINGS ARE: <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) SCREEN-PERFORATED INTERVALS: From 323..... ft. to 383..... ft., From 383..... ft. to 593..... ft. From..... ft. to ft., From..... ft. to ft. GRAVEL PACK INTERVALS: From 20..... ft. to 390..... ft., From 390..... ft. to 598..... ft. From..... ft. to ft., From..... ft. to ft.					
6 GROUT MATERIAL: <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"/> Watertight sewer lines <input type="checkbox"/> Seepage pit <input type="checkbox"/> Feedyard <input type="checkbox"/> Fertilizer storage <input type="checkbox"/> Oil well/gas well <input type="checkbox"/> None Detected Direction from well Distance from well					
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	surface	435	474	soapstone
2	54	brown clay	474	481	false red bed
54	180	sand fine-med crse. sm-med gravel	481	496	sandstone
180	187	brown clay	496	519	soapstone, sandstone
187	314	sand fine-med crse, sm-med gravel	519	551	sandstone, soapstone
314	400	sd fn-md crs few sm-md gvl+wh/br rk	551	575	sandstone, few soapstone
400	406	sand fine to small	575	593	sandstone, soapstone
406	415	brown clay, cemented, fine sand	593	598	soapstone limestone. red bed streak
415	423	sand fine to small			
423	435	snd fne-sm some md few tiny brwn rk			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: 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) 6/27/11 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) 7/27/11 under the business name of Hydro Resources..... by (signature) [Signature]					
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 785-296-5522. 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 http://www.kdheks.gov/waterwell/index.html .					