

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources; App. No.  

<b>1 LOCATION OF WATER WELL:</b> County: <u>Norton</u>	Fraction <u>NE 1/4 NW 1/4</u> 1/4	Section Number <u>30</u>	Township Number T <u>2</u> S	Range Number R <u>21</u> E <u>(W)</u>
Distance and direction from nearest town or city street address of well if located within city? <u>1 1/2 miles W &amp; 1 mile S of Almena</u>		<b>Global Positioning Systems</b> (decimal degrees, min. of 4 digits) Latitude: <u>39° 51' 24" N</u> Longitude: <u>99° 43' 37" W</u>		

**2 WATER WELL OWNER:** Don Lowry  
RR#, St. Address, Box #: RR1 Box 136  
City, State, ZIP Code: Almena, KS 67622

Elevation: \_\_\_\_\_  
Datum: \_\_\_\_\_  
Data Collection Method: \_\_\_\_\_

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

N

	<b>X</b>		
W	--NW--	--NE--	E
	--SW--	--SE--	
	S		

**4 DEPTH OF COMPLETED WELL** ... 130 ..... ft.

Depth(s) Groundwater Encountered (1) 107 ..... ft. (2) ..... ft. (3) ..... ft.

WELL'S STATIC WATER LEVEL 107 ..... ft. below land surface measured on mo/day/yr. 8/9/07

Pump test data: Well water was 125 ..... ft. after 2 ..... hours pumping 10 ..... 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)	6 Asbestos-Cement	9 Other (specify below)	CASING JOINTS: Glued <u>X</u> ..... Clamped .....
<u>(2)</u> PVC	4 ABS	7 Fiberglass		Welded .....
				Threaded .....

Blank casing diameter 5 ..... in. to 28 ..... ft., Diameter 90 ..... in. to ..... ft., Diameter ..... in. to ..... ft.

Casing height above land surface 28 ..... in., Weight sd. 21 ..... lbs./ft. Wall thickness or gauge No. 25 .....

**TYPE OF SCREEN OR PERFORATION MATERIAL:**

1 Steel	3 Stainless Steel	5 Fiberglass	<u>(7)</u> 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	<u>(3)</u> 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 90 ..... ft. to 130 ..... ft., From ..... ft. to ..... ft.  
From ~~130~~ ..... ft. to ~~25~~ ..... ft., From 5 ..... ft. to 0 ..... ft.

**GRAVEL PACK INTERVALS:** From 130 ..... ft. to 25 ..... ft., From 5 ..... ft. to 0 ..... 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 5 ..... ft. to 20 ..... 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	

Direction from well? ..... How many feet? .....

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	20	Topsoil & silt clay			
20	40	17' clay w/ sstone & fine sand strips, 3' fine to med sand			
40	60	10' coarse sand to sm. gravel, 5' clay & sstone, 5ft. hard sstone			
60	80	16' hard sstone w/ thin clay strips, 4' fine to med sand (same coarse)			
80	100	5' fine to med sand (some coarse), 5' sstone, 10' sticky clay			
100	120	10' fine to med sand w/ thin clay strips			
120	140	10' sstone w/ fine sand strips			
		8' sstone w/ fine sand strips, 2' lime & limestone.			

**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) 8/9/07 and this record is true to the best of my knowledge and belief.

Kansas Water Well Contractor's License No. 433 This Water Well Record was completed on (mo/day/year) 8-20-07 under the business name of CHAS. Sargent Irrigation Company by (signature) [Signature]

**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.kdheks.gov/waterwell/index.html>.