

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

1 LOCATION OF WATER WELL: County: Grant		Fraction NW ¼ NW ¼ ¼ ¼		Section Number 10	Township No. T 30 S	Range Number R 37 <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"/> 215 East Road 20 Ulysses, Kansas				Global Positioning System (GPS) information: Latitude: N37.458722..... (in decimal degrees) Longitude: W101.358232..... (in decimal degrees) Elevation: Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27 Collection Method: <input checked="" type="checkbox"/> GPS unit (Make/Model: Handv GPS.....) <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 checked="" type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m					
2 WATER WELL OWNER: Pioneer Natural Resources, USA RR#, Street Address, Box #: P.O. Box 2788 City, State, ZIP Code : Amarillo, Texas 79105									
3 LOCATE WELL WITH AN "X" IN SECTION BOX: <div style="text-align: center;">N</div> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">NW</td> <td style="width: 20px; text-align: center;">NE</td> </tr> <tr> <td style="width: 20px; text-align: center;">SW</td> <td style="width: 20px; text-align: center;">SE</td> </tr> </table> <div style="text-align: center;">S</div> <div style="text-align: center;">-----1 mile-----</div>		NW	NE	SW	SE	4 DEPTH OF COMPLETED WELL 110 ft. SVE-4 Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL.....ft. below land surface measured on mo/day/yr..... Pump test data: Well water was.....ft. after..... hours pumping..... gpm EST. YIELD.....gpm. Well water was.....ft. after..... hours pumping..... gpm Bore Hole Diameter 8 3/4.....in. to 112.....ft., andin. toft. 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 checked="" type="checkbox"/> Other (Specify below) <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Domestic-lawn & garden <input type="checkbox"/> Monitoring well <input type="checkbox"/> Soil Vapor Extr..... 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
NW	NE								
SW	SE								
5 TYPE OF CASING USED: <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other CASING JOINTS: <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Threaded Casing diameter 2..... in. to 25..... ft., Diameter 2..... in. to 70..... ft., Diameter in. to ft. Casing height above land surface 12..... in., Weightlbs./ft., Wall thickness or gauge No. TYPE OF SCREEN OR PERFORATION MATERIAL: <input 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 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 type="checkbox"/> Wire wrapped <input type="checkbox"/> Saw cut <input type="checkbox"/> Other (specify) SCREEN-PERFORATED INTERVALS: From 25..... ft. to 65..... ft., From 70..... ft. to 110..... ft. From..... ft. to ft., From..... ft. to ft. GRAVEL PACK INTERVALS: From 24..... ft. to 65..... ft., From 69..... ft. to 112..... 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 3..... ft. to 24..... ft., From 65..... ft. to 69..... 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 checked="" 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									
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS				
0	7	Brown Clay	62	65	Pink Silt				
7	10	Brown Silt	65	73	Reddish Yellow Clay				
10	14	Gray Silt	73	81	Pink Silt- Stone				
14	20	Brown Silt	81	87	Pink Clay				
20	29	Gray Silt	87	91	Red Silty Clay				
29	41	Brown Clay	91	100	Reddish Yellow Clay				
41	43	Brown Clayey Silt	100	104	Red Silty Clay				
43	50	Gray Clay	104	112	Yellowish Red Clay				
50	51	Pink Clay							
51	62	Gray Silt							
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) 02/15/2012.... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 763..... This Water Well Record was completed on (mo/day/year) 03/08/2012..... under the business name of Peterson Drilling and Testing, Inc..... by (signature) <i>[Signature]</i>									
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 .									