

## WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.  

<b>1 LOCATION OF WATER WELL:</b> County: Kingman		Fraction SE $\frac{1}{4}$ NW $\frac{1}{4}$ SW $\frac{1}{4}$		Section Number 4		Township Number T 30 S		Range Number R 7 E <u>W</u>																																																																			
Distance and direction from nearest town or city street address of well if located within city? 1/4 mile west of Hwy 14 and Hwy 42 and north into.					<b>Global Positioning Systems (decimal degrees, min. of 4 digits)</b> Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____																																																																						
<b>2 WATER WELL OWNER:</b> Jack Weve RR#, St. Address, Box # 25719 S. Valley Pride Rd City, State, ZIP Code Pretty Prairie, KS 67570					<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> <div style="text-align: center;"> </div>					<b>4 DEPTH OF COMPLETED WELL</b> 55 ft. ft. Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL 15 ft. below land surface measured on mo/day/yr 8/6/08 Pump test data: Well water was _____ ft. after _____ hours pumping _____ 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 stock well Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> If yes, mo/day/yr Sample was submitted _____ Water well disinfected? Yes <u>X</u> No _____																																																																	
<b>5 TYPE OF CASING USED:</b> 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued <u>X</u> Clamped _____ 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____ <u>2</u> PVC 4 ABS 7 Fiberglass _____ Threaded _____ Blank casing diameter 5 in. to 38 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface 3 ft. in., Weight SCH 160 lbs./ft. Wall thickness or gauge No. _____ <b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b> 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) <b>SCREEN OR PERFORATION OPENINGS ARE:</b> 1 Continuous slot <u>3</u> Mill slot 5 Guazed 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) _____ <b>SCREEN-PERFORATED INTERVALS:</b> From 55 ft. to 35 ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft. <b>GRAVEL PACK INTERVALS:</b> From 55 ft. to 20 ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.																																																																											
<b>6 GROUT MATERIAL:</b> 1 Neat cement 2 Cement grout <u>3</u> Bentonite 4 Other _____ Grout Intervals: From 20 ft. to 0 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 <u>16</u> Other (specify below) 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well N/A 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well Direction from well? N/A How many feet? N/A																																																																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">FROM</th> <th style="width: 10%;">TO</th> <th style="width: 40%;">LITHOLOGIC LOG</th> <th style="width: 10%;">FROM</th> <th style="width: 10%;">TO</th> <th style="width: 20%;">PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>15</td> <td>Red Shale</td> <td></td> <td></td> <td></td> </tr> <tr> <td>15</td> <td>20</td> <td>Gray Sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>20</td> <td>35</td> <td>Red Shale</td> <td></td> <td></td> <td></td> </tr> <tr> <td>35</td> <td>40</td> <td>Gray Shale</td> <td></td> <td></td> <td></td> </tr> <tr> <td>40</td> <td>55</td> <td>Red Shale</td> <td></td> <td></td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>										FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0	15	Red Shale				15	20	Gray Sand				20	35	Red Shale				35	40	Gray Shale				40	55	Red Shale																																	
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<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <u>1</u> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 8/6/08 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 665 This Water Well Record was completed on (mo/day/year) 8/7/08 under the business name of Pratt Well Service, Inc. by (signature) <i>Steven E. Pratt</i>																																																																											
<b>INSTRUCTIONS:</b> 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, 1 000 SW Jackson St., Suite 420, Topeka, Kansas 66612- 1 367. 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 <a href="http://www.kdhe.state.ks.us/geo/waterwells">http://www.kdhe.state.ks.us/geo/waterwells</a> .																																																																											