

# WATER WELL RECORD

# Form WWC-5

Division of Water Resources; App. No.

<b>1 LOCATION OF WATER WELL:</b> County: Harper Distance and direction from nearest town or city street address of well if located within city? <u>3 miles west, 2 mile snorth, 1/2 mile east, Runnymede, KS</u>	Fraction <u>CS/24 N/2 1/4 SE 1/4</u>	Section Number <u>4</u>	Township Number <u>T 31 S</u>	Range Number <u>R 6 E</u>				
<b>2 WATER WELL OWNER:</b> <u>Waste Connections of KS, Inc</u> RR#, St. Address, Box # : <u>S 150 Rd.</u> City, State, ZIP Code : <u>Harper, KS 67058</u>			<b>Global Positioning Systems</b> (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____					
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> <p style="text-align: center;">N</p> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px;">NW</td> <td style="padding: 5px;">NE</td> </tr> <tr> <td style="padding: 5px;">SW</td> <td style="padding: 5px; text-align: center;">X SE</td> </tr> </table> <p style="text-align: center;">S</p>	NW	NE	SW	X SE	<b>4 DEPTH OF COMPLETED WELL</b> ..... <u>20.0</u> ..... ft. <p style="margin-top: 10px;">                     Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.                      WELL'S STATIC WATER LEVEL..... <u>0</u> ..... ft. below land surface measured on <u>mo/day/yr 12-02-05</u>                      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 <input checked="" type="checkbox"/> Other (Specify below)                      2 Irrigation 4 Industrial 7 Domestic (lawn &amp; garden) 10 Monitoring well <u>Gas probe well</u> </p> <p style="margin-top: 10px;">                     Was a chemical/bacteriological sample submitted to Department? Yes ..... No <input checked="" type="checkbox"/> ..... If yes, mo/day/yrs                      Sample was submitted..... Water well disinfected? Yes ..... No <input checked="" type="checkbox"/> .....                 </p>			
NW	NE							
SW	X SE							

<b>5 TYPE OF CASING USED:</b> <input checked="" type="checkbox"/> Steel <input type="checkbox"/> RMP (SR) <input checked="" type="checkbox"/> <u>VC</u> <input type="checkbox"/> ABS Blank casing diameter ..... <u>1</u> ..... in. to ..... <u>5</u> ..... ft., Diameter. .... in. to ..... ft., Diameter ..... in. to ..... ft.	5 Wrought Iron    8 Concrete tile 6 Asbestos-Cement    9 Other (specify below) 7 Fiberglass	CASING JOINTS: Glued..... Clamped..... Welded..... Threaded.. <input checked="" type="checkbox"/> ..... Casing height above land surface..... <u>36</u> ..... in., Weight.....lbs./ft.    Wall thickness or guage No. <u>SCH 40</u>
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel    3 Stainless Steel    5 Fiberglass <input checked="" type="checkbox"/> <u>VC</u> 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 <input checked="" type="checkbox"/> 3 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) .....		
SCREEN-PERFORATED INTERVALS: From..... <u>5</u> ..... ft. to ..... <u>20</u> ..... ft., From ..... ft. to ..... ft. From..... ft. to ..... ft., From ..... ft. to ..... ft. GRAVEL PACK INTERVALS: From..... <u>20</u> ..... ft. to ..... <u>3</u> ..... ft., From ..... ft. to ..... 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 ..... 3 ..... 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     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    Lanfill

Direction from well? ... on site ..... How many feet? N/A .....

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	15	Sand	20	3	Pea gravel
15	20	Red shale	3	0	3/8 bentonite chips

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**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) 12-02-05 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) 12-09-05..... under the business name of Pratt Well Environmental by (signature) Steven E. Pratt

**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.kdhe.state.ks.us/geo/waterwells>.