

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: Fraction SE ¼ NE ¼ NE ¼		Section Number 11	Township Number T 32 S	Range Number R 12 (W)											
County: Barber		Distance and direction from nearest town or city street address of well if located within city? 210 S. Iliff, Medicine Lodge, Kansas													
2 WATER WELL OWNER: Crescent Oil Co. – Jerry Davidson		Global Positioning System (decimal degrees, min. of 4 digits)													
RR#, St. Address, Box # : PO BOX 667		Latitude: _____													
City, State, ZIP Code : Independence, KS 67301		Longitude: _____													
		Elevation: _____													
		Datum: _____													
		Data Collection Method: _____													
3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> <table border="1" style="margin: auto;"> <tr><td colspan="3" style="text-align: center;">N</td></tr> <tr><td style="text-align: center;">NW</td><td style="text-align: center;">NE</td><td style="text-align: center;">X</td></tr> <tr><td style="text-align: center;">SW</td><td style="text-align: center;">SE</td><td></td></tr> <tr><td colspan="3" style="text-align: center;">S</td></tr> </table> </div>	N			NW	NE	X	SW	SE		S			4 DEPTH OF COMPLETED WELL <u>23'</u> ft.		
	N														
	NW	NE	X												
	SW	SE													
S															
Depth(s) Groundwater Encountered 1 <u>~14'</u> ft. 2 _____ ft. 3 _____ ft.			WELL'S STATIC WATER LEVEL <u>N/A</u> ft. below land surface measured on mo/day/yr <u>N/A</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 Feed lot 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 <input checked="" type="checkbox"/> ; If yes, mo/day/yr Sample was submitted _____												
Water Well Disinfected? Yes _____ No <input checked="" type="checkbox"/>															
5 TYPE OF CASING USED:															
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below)		5 Wrought Iron 8 Concrete tile		CASING JOINTS: Glued _____ Clamped _____											
(2 PVC) 4 ABS 7 Fiberglass				Welded _____ Threaded <input checked="" type="checkbox"/>											
Blank casing diameter <u>2</u> in. to <u>13</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.															
Casing height below land surface <u>N/A</u> in., Weight _____ lbs./ft. Wall thickness or gauge No. Sch. 40 PVC															
TYPE OF SCREEN OR PERFORATION MATERIAL:															
1 Steel 3 Stainless steel 5 Fiberglass (7 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 (3 Mill slot) 5 Guaze 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>13</u> ft. to <u>23</u> ft. From _____ ft. to _____ ft.															
GRAVEL PACK INTERVALS: From <u>11</u> ft. to <u>23</u> ft. From _____ ft. to _____ 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 <u>1</u> ft. to <u>11</u> 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	6"	Gravel, Fill													
6"	23	Clay, silty													
					MW 9										
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) <u>04/24/2008</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>594</u> . This Water Well Record was completed on (mo/day/year) <u>05/16/2008</u> under the business name of <u>Coranco Great Plains, Inc.</u> by (signature) _____															
INSTRUCTIONS: Please fill in blanks 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 .															