

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

1 LOCATION OF WATER WELL: County: Meade	Fraction SW ¼ SW ¼ SW ¼ SW ¼	Section Number 33	Township No. T 32 S	Range Number R 26 <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"/> 11 South and 2 East from Fowler		Global Positioning System (GPS) information: Latitude: 37.13.04.97 (in decimal degrees) Longitude: 100.04.43.39 (in decimal degrees) Elevation: 2298 Datum: <input checked="" type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27 Collection Method: <input checked="" type="checkbox"/> GPS unit (Make/Model: Garmin GPSmap 60) <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 type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m		
2 WATER WELL OWNER: Sherman Overby RR#, Street Address, Box #: 28026 S Road City, State, ZIP Code : Fowler, KS 67844				

3 LOCATE WELL WITH AN "X" IN SECTION BOX: N <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 25%;">NW</td> <td style="width: 25%;">NE</td> </tr> <tr> <td style="width: 25%;">SW</td> <td style="width: 25%;">SE</td> </tr> </table> X S -----1 mile-----	NW	NE	SW	SE	4 DEPTH OF COMPLETED WELL 50 ft. Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL 19ft. below land surface measured on mo/day/yr. 3/3/10 Pump test data: Well water was 19ft. after 1 hours pumping. 30 gpm EST. YIELD 30gpm. Well water was.....ft. after..... hours pumping..... gpm Bore Hole Diameter 8 3/4in. to 50ft., and.....in. to.....ft. WELL WATER TO BE USED AS: <input type="checkbox"/> Public water supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Injection well <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below) <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Domestic-lawn & garden <input type="checkbox"/> Monitoring well 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
NW	NE				
SW	SE				

5 TYPE OF CASING USED: Steel PVC Other

CASING JOINTS: Glued Clamped Welded Threaded
 Casing diameter **5**..... in. to **30**..... ft., Diameter..... in. to..... ft., Diameter..... in. to..... ft.
 Casing height above land surface **18**..... in., Weight.....lbs./ft., Wall thickness or gauge No. **200#**.....

TYPE OF SCREEN OR PERFORATION MATERIAL:
 Steel Stainless Steel PVC Other (Specify)

Brass Galvanized Steel None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:
 Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole)
 Louvered shutter Key punched Wire wrapped Saw cut Other (specify)

SCREEN-PERFORATED INTERVALS: From **30**..... ft. to **50**..... ft., From..... ft. to..... ft.
 From..... ft. to..... ft., From..... ft. to..... ft.

GRAVEL PACK INTERVALS: From **20**..... ft. to **50**..... ft., From..... ft. to..... ft.
 From..... ft. to..... ft., From..... ft. to..... ft.

6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other

Grout Intervals: From **4**..... ft. to **20**..... ft., From..... ft. to..... ft., From..... ft. to..... ft.

What is the nearest source of possible contamination:
 Septic tank Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below)
 Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well
 Watertight sewer lines Seepage pit Feedyard Fertilizer storage Oil well/gas well

Direction from well **South**..... Distance from well **200 feet**.....

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	Sand			
2	4	brown clay			
4	8	sand			
8	12	cleachy			
12	28	sand			
28	30	tan clay			
30	38	sand and gravel			
38	42	yellow clay			
42	49	sand and gravel			
49	50	red clay			

**Original Returned to Sender
for Correction Date: 7/15/10**

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) **3/4/2010**..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **101**..... This Water Well Record was completed on (mo/day/year) **3/20/2010**..... under the business name of **Bartel Well Drilling, Inc**..... by (signature) *Keenan J. Bartel*.....

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 785-296-5522. 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>.