

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: Steward		Fraction NE ¼ NW ¼ NW ¼		Section Number 17	Township Number T 32 S	Range Number R 31 E/W										
Distance and direction from nearest town or city street address of well if located within city? Intesection of Hwy. 160 & Rd T				Global Positioning System (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____												
2 WATER WELL OWNER: Providence Grain RR#, St. Address, Box # : 1340 Rd 70 th City, State, ZIP Code : Sublett, KS 67877																
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td colspan="2" style="text-align: center;">N</td></tr> <tr><td style="text-align: center;">W</td><td style="text-align: center;">E</td></tr> <tr><td style="text-align: center;">X</td><td style="text-align: center;">NE</td></tr> <tr><td style="text-align: center;">SW</td><td style="text-align: center;">SE</td></tr> <tr><td colspan="2" style="text-align: center;">S</td></tr> </table> </div>		N		W	E	X	NE	SW	SE	S		4 DEPTH OF COMPLETED WELL 485 ft. 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 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 <u>Domestic</u> 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 _____; If yes, mo/day/yr Sample was submitted _____ Water Well Disinfected? Yes <input checked="" type="checkbox"/> No				
N																
W	E															
X	NE															
SW	SE															
S																
5 TYPE OF CASING USED: 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded 2 PVC 4 ABS 7 Fiberglass _____ Eagle Loc Threaded Blank casing diameter <u>5</u> in. to <u>485</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface <u>24</u> in., Weight SDR 17 lbs./ft. Wall thickness or gauge No. _____ TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass <u>7 PVC</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 <u>3 Mill slot</u> 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>360</u> ft. to <u>380</u> ft. From <u>400</u> ft. to <u>420</u> ft. From <u>460</u> ft. to <u>480</u> ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>23</u> ft. to <u>485</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.																
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other Grout Intervals From <u>5</u> ft. to <u>23</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? <u>NA</u> How many feet? _____																
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS											
0	23	Topsoil & Brown and White Sandyclay	260	272	Fine Sand											
23	40	Sand and Little Clay	272	340	Fine Sand with Clay Streaks											
40	76	Brown Sandyclay Lt Cliché	340	380	Sand Medium to Coarse											
76	84	Sand Medium to Coarse	380	430	Sand Medium Little Clay											
84	86	Cliché	430	440	Cliché											
86	100	Blue Clay and Sandy Clay	440	475	Cliché and Sand											
100	180	Sand Medium Lt Clay and Cliché	475	485	Red Bed											
180	184	Cliché Hard														
184	230	Sand Medium Lt Clay														
230	260	Clay Gray and White Little Red														
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1) constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>6/9/10</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>473</u> . This Water Well Record was completed on (mo/day/year) <u>6/10/10</u> under the business name of <u>Tyler Water Well</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 .																