

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources App. No.

31469

<p><b>1 LOCATION OF WATER WELL:</b> County: <b>Seward</b></p>	<p>Fraction <b>1/4 NE 1/4 NE 1/4 SW 1/4</b></p>	<p>Section Number <b>35</b></p>	<p>Township No. <b>T 32 S</b></p>	<p>Range Number <b>R 34</b> <input type="checkbox"/> E <input checked="" type="checkbox"/> W</p>	
<p>Street/Rural Address of Well Location; if unknown, distance &amp; direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/>.</p>		<p><b>Global Positioning System (GPS) information:</b> Latitude: <b>37.22063</b> (in decimal degrees) Longitude: <b>100.98745</b> (in decimal degrees) Elevation: <b>2881</b> Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input checked="" type="checkbox"/> NAD 27 Collection Method: <input checked="" type="checkbox"/> GPS unit (Make/Model: <b>Magellan</b>) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> &lt;3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> &gt;15 m</p>			
<p><b>2 WATER WELL OWNER:</b> <b>Dan Clawson</b> RR#, Street Address, Box #: <b>P.O. Box 279</b> City, State, ZIP Code: <b>Plains, KS 67870</b></p>					
<p><b>3 LOCATE WELL WITH AN "X" IN SECTION BOX:</b> N W E S  -----1 mile----- </p>	<p><b>4 DEPTH OF COMPLETED WELL 475</b> ft. Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL <b>236</b> ft. below land surface measured on mo/day/yr. <b>4/20/10</b> Pump test data: Well water was <b>266</b> ft. after <b>4</b> hours pumping. <b>1298</b> gpm EST. YIELD..... gpm. Well water was..... ft. after..... hours pumping..... gpm Bore Hole Diameter <b>24</b> in. to..... ft., 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 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 checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Domestic-lawn &amp; 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</p>				
<p><b>5 TYPE OF CASING USED:</b> <input checked="" type="checkbox"/> Steel <input type="checkbox"/> PVC <input type="checkbox"/> Other..... CASING JOINTS: <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Threaded Casing diameter <b>16</b> in. to..... ft., Diameter..... in. to..... ft., Diameter..... in. to..... ft. Casing height above land surface <b>12</b> in., Weight <b>42.09</b> lbs./ft., Wall thickness or gauge No. <b>250</b> TYPE OF SCREEN OR PERFORATION MATERIAL: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> PVC <input type="checkbox"/> Other (Specify)..... <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: <input checked="" type="checkbox"/> Continuous slot <input type="checkbox"/> Mill slot <input type="checkbox"/> Gauze wrapped <input type="checkbox"/> Torch cut <input type="checkbox"/> Drilled holes <input type="checkbox"/> None (open hole) <input type="checkbox"/> Louvered shutter <input type="checkbox"/> Key punched <input checked="" type="checkbox"/> Wire wrapped <input type="checkbox"/> Saw cut <input type="checkbox"/> Other (specify)..... SCREEN-PERFORATED INTERVALS: From <b>280</b> ft. to <b>340</b> ft., From..... ft. to..... ft. From <b>340</b> ft. to <b>470</b> ft., From..... ft. to..... ft. GRAVEL PACK INTERVALS: From <b>350</b> ft. to <b>20</b> ft., From..... ft. to..... ft. From <b>475</b> ft. to <b>350'</b> ft., From..... ft. to..... ft.</p>					
<p><b>6 GROUT MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other..... Grout Intervals: From..... ft. to..... ft., From..... ft. to..... ft., From..... ft. to..... ft. What is the nearest source of possible contamination: <input type="checkbox"/> Septic tank <input type="checkbox"/> Lateral lines <input type="checkbox"/> Pit privy <input type="checkbox"/> Livestock pens <input type="checkbox"/> Insecticide storage <input type="checkbox"/> Other (specify below) <input type="checkbox"/> Sewer lines <input type="checkbox"/> Cesspool <input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Fuel storage <input type="checkbox"/> Abandoned water well <input type="checkbox"/> Watertight sewer lines <input type="checkbox"/> Seepage pit <input type="checkbox"/> Feedyard <input type="checkbox"/> Fertilizer storage <input type="checkbox"/> Oil well/gas well Direction from well..... Distance from well.....</p>					
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0'	2'	top soil limerock and sand	310'	313'	brown sandy clay
2'	15'	brwn sndv cly w lmrck ledges	313'	332'	snd fn to md crs
15'	30'	fine sand	332'	340'	snd fn to md crs
30'	87'	brwn sndy cly w few sand beds	340'	357'	brwn&lt;lt; blu sandy clay
87'	120'	fn snd few cemented ledges	357'	361'	snd fn to med
120'	130'	snd fn to md crs few sm grvl	361'	382'	brwn sndv cly w some snd strps&beds
130'	184'	brown clay	382'	394'	fn snd w some clay ledges
184'	227'	snd fn to md crs few sm grvl	394'	421'	snd fn to md crs few crs strios
227'	233'	brwn sndy cly few sm snd strps	421'	435'	fine sand
233'	310'	snd fn to md crs few sm grvl (lse)	435'	449'	brown sandy clay
<p><b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <input checked="" type="checkbox"/> constructed <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/year) <b>6/28/10</b>..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>145</b>..... This Water Well Record was completed on (mo/day/year) <b>7/21/10</b>..... under the business name of <b>Hydro Resources</b>..... by (signature).....</p>					
<p><b>INSTRUCTIONS:</b> Use typewriter or ball point pen. <b>PLEASE PRESS FIRMLY</b> and <b>PRINT</b> 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 <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a>.</p>					

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<b>1 LOCATION OF WATER WELL:</b> County: _____ 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"/> .	Fraction ¼    ¼    ¼    ¼	Section Number _____	Township No. T    S    R	Range Number _____ <input type="checkbox"/> E <input type="checkbox"/> W
<b>2 WATER WELL OWNER:</b> RR#, Street Address, Box #: City, State, ZIP Code : _____		<b>Global Positioning System (GPS) information:</b> Latitude: ..... (in decimal degrees) Longitude: ..... (in decimal degrees) Elevation: ..... Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27 Collection Method: <input type="checkbox"/> GPS unit (Make/Model: .....) <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		

<b>3 LOCATE WELL WITH AN "X" IN SECTION BOX:</b> N <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 5px;">NW</td> <td style="border: 1px solid black; padding: 5px;">NE</td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;">SW</td> <td style="border: 1px solid black; padding: 5px;">SE</td> </tr> </table> E S  -----1 mile-----	NW	NE	SW	SE	<b>4 DEPTH OF COMPLETED WELL</b> ..... 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 Bore Hole Diameter .....in. to .....ft., 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 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 type="checkbox"/> No If yes, mo/day/yr sample was submitted..... Water well disinfected? <input 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 ..... in. to ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.

Casing height above land surface..... in., Weight .....lbs./ft., Wall thickness or gauge No. ....

**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..... ft. to ..... ft., From ..... ft. to ..... ft.  
 From..... ft. to ..... ft., From ..... ft. to ..... ft.

**GRAVEL PACK INTERVALS:** From..... ft. to ..... 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 ..... ft. to ..... 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 ..... Distance from well .....

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
449'	470'	fine sand			
470'	478'	brown sandy clay			
478'	480'	red bed			

**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) ..... and this record is true to the best of my knowledge and belief.

Kansas Water Well Contractor's License No. .... This Water Well Record was completed on (mo/day/year) ..... under the business name of ..... by (signature) .....

**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>.