

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Seward	NW ¼ NW ¼ NW ¼	9	T 35 S	R 33 (W)

Distance and direction from nearest town or city street address of well if located within city?
905 S. Kansas, Liberal, KS

2 WATER WELL OWNER: Leon's Diamond Shamrock - James Madden RR#, St. Address, Box # : 32684 Upper Bear Creek Rd. City, State, ZIP Code : Evergreen, CO 80439	Global Positioning System (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____
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3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL <u>200'</u> ft.						
<table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="text-align: center;">N</td></tr> <tr><td style="text-align: center;">X</td></tr> <tr><td style="text-align: center;">NW NE</td></tr> <tr><td style="text-align: center;">W E</td></tr> <tr><td style="text-align: center;">SW SE</td></tr> <tr><td style="text-align: center;">S</td></tr> </table>	N	X	NW NE	W E	SW SE	S	Depth(s) Groundwater Encountered 1 <u>~177'</u> ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL <u>NM</u> 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 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 X ; If yes, mo/day/yrs Sample was submitted _____ Water Well Disinfected? Yes _____ No X
N							
X							
NW NE							
W E							
SW SE							
S							

5 TYPE OF CASING USED:	5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____ 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____ 2 PVC 4 ABS 7 Fiberglass Threaded X
Blank casing diameter <u>4</u> in. to <u>200/60</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.	Casing height above land surface <u>-5.16</u> in., Weight _____ lbs./ft. Wall thickness or gauge No. <u>SCH 40</u>
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>160</u> ft. to <u>200</u> ft. From _____ ft. to _____ ft.	
GRAVEL PACK INTERVALS: From <u>158</u> ft. to <u>200</u> ft. From _____ ft. to _____ ft.	

6 GROUT MATERIAL:	1 Neat cement 2 Cement grout 3 Bentonite 4 Other Vol Clay
Grout Intervals From <u>1</u> ft. to <u>158</u> ft. From _____ ft. to _____ 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 Lust Site
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	1	Concrete	186	200	Sand, clayey, fine to coarse, caliche layers
1	15	Clay, silty			
15	65	Clay, sandy, caliche layers			
65	85	Sand, clayey, fine			
85	130	Sand, fine to coarse			
130	135	Sand, clayey, fine to coarse			MW18
135	145	Clay, sandy			
145	156	Sand, clayey, fine to medium			
156	170	Sand, clayey, fine to coarse			
170	186	Clay, sandy			

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) 01/24/2007 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 594. This Water Well Record was completed on (mo/day/year) 02/08/2007 under the business name of **Coranco Great Plains, Inc.** 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>.