

## WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.  

<b>1 LOCATION OF WATER WELL:</b> County: Seward		Fraction NW $\frac{1}{4}$ SE $\frac{1}{4}$ SW $\frac{1}{4}$		Section Number 6		Township Number T 35 S		Range Number R 33 E <u>W</u>										
Distance and direction from nearest town or city street address of well if located within city? 300 ft south of General Welch & 2nd St.				Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____														
<b>2 WATER WELL OWNER:</b> (KDHE) RR#, St. Address, Box # 1000 SW Jackson Street, Suite 410 City, State, ZIP Code Topeka, Kansas 66612-1367																		
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> N <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td></tr><tr><td>--NW--</td><td>X</td><td>--NE--</td></tr><tr><td>--SW--</td><td> </td><td>--SE--</td></tr></table> S					--NW--	X	--NE--	--SW--		--SE--	<b>4 DEPTH OF COMPLETED WELL</b> 220 ft.  Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL 154.90 ft. below land surface measured on mo/day/yr 3/25/08 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 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) <u>10</u> Monitoring well  Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> If yes, mo/day/yr Sample was submitted _____ Water well disinfected? Yes _____ No <u>X</u>							
--NW--	X	--NE--																
--SW--		--SE--																
<b>5 TYPE OF CASING USED:</b> 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____ <u>2</u> PVC 4 ABS 7 Fiberglass _____ Threaded <u>yes</u> Blank casing diameter 4 in. to 160 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface 0 in., Weight _____ lbs./ft. Wall thickness or gauge No. _____ <b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b> 1 Steel 3 Stainless Steel 5 Fiberglass <u>7</u> 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) <b>SCREEN OR PERFORATION OPENINGS ARE:</b> 1 Continuous slot <u>3</u> Mill slot 5 Gauzed 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) _____ <b>SCREEN-PERFORATED INTERVALS:</b> From 220 ft. to 160 ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft. <b>GRAVEL PACK INTERVALS:</b> From 220 ft. to 155 ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.																		
<b>6 GROUT MATERIAL:</b> 1 Neat cement 2 Cement grout <u>3</u> Bentonite <u>4</u> Other Cement Grout Intervals: From 155 ft. to 0.5 ft., From 0.5 ft. to 0 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 <u>16</u> Other (specify below) Unknown 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? 999 How many feet? 999																		
<b>LITHOLOGIC LOG</b>					<b>PLUGGING INTERVALS</b>													
FROM	TO				FROM	TO												
0	0.5	Asphalt			230	0.5	Bentonite slurry using tremie pipe											
0.5	100	Clay: Light Brown, sandy			0.5	0	Concrete											
100	120	Sand: Light brown, fine to coarse grain, with some caliche																
120	210	Clay: Light Brown, sandy, with some caliche																
210	230	Sand: Light brown, fine to coarse grain, with some caliche																
MW-2R					MW - 2													
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <u>(1)</u> constructed, <u>(2)</u> reconstructed, or <u>(3)</u> plugged under my jurisdiction and was completed on (mo/day/year) 3/25/08 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 665 This Water Well Record was completed on (mo/day/year) 4/25/08 under the business name of Pratt Well Service, Inc. by (signature) <i>[Signature]</i>																		
<b>INSTRUCTIONS:</b> Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline 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 <a href="http://www.kdhe.state.ks.us/geo/waterwells">http://www.kdhe.state.ks.us/geo/waterwells</a> .																		