

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

1 LOCATION OF WATER WELL: County: Seward		Fraction 1/4 NE 1/4 SE 1/4 SE 1/4	Section Number 6	Township No. T 35 S	Range Number R 33 <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"/> At the intersection of Highway 54 and Western Avenue in Liberal.			Global Positioning System (GPS) information: Latitude: 37.027293 (in decimal degrees) Longitude: -100.940644 (in decimal degrees) Elevation: Unknown Datum: <input type="checkbox"/> WGS 84, <input checked="" type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27 Collection Method: <input checked="" type="checkbox"/> GPS unit (Make/Model: WAAS) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input checked="" type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m																																																																				
2 WATER WELL OWNER: Davidson Oil Lubricants, LP RR#, Street Address, Box #: P.O. Box 148 City, State, ZIP Code : Liberal, KS 67905																																																																							
3 LOCATE WELL WITH AN "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL 192 ft. Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL 172 ft. below land surface measured on mo/day/yr 06/25/14 Pump test data: Well water was not checked ft. after _____ hours pumping _____ gpm EST. YIELD _____ gpm. Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter 8 in. to 195 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 checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																						
	5 TYPE OF CASING USED: <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other _____ Flush Mount Construction CASING JOINTS: <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Threaded <input type="checkbox"/> Other (Specify) _____ Casing diameter 4 in. to 162 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface 0 in., Weight 1.88 lbs./ft., Wall thickness or gauge No. .214 TYPE OF SCREEN OR PERFORATION MATERIAL: <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input checked="" 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 type="checkbox"/> Continuous slot <input checked="" 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 type="checkbox"/> Wire wrapped <input type="checkbox"/> Saw cut <input type="checkbox"/> Other (specify) _____ SCREEN-PERFORATED INTERVALS: From 162 ft. to 192 ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From 155 ft. to 195 ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.																																																																						
6 GROUT MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ Grout Intervals: From 0 ft. to 155 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 checked="" 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 Northeast Distance from well 150'																																																																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>LITHO. LOG (cont.) or PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>3</td> <td>Topsoil</td> <td>67</td> <td>69</td> <td>Sand, fine to coarse</td> </tr> <tr> <td>3</td> <td>11</td> <td>Clay, tan, sandy</td> <td>69</td> <td>70</td> <td>Caliche, hard</td> </tr> <tr> <td>11</td> <td>25</td> <td>Clay, brown, caliche, some sand</td> <td>70</td> <td>75</td> <td>Clay, brown, caliche, tight</td> </tr> <tr> <td>25</td> <td>30</td> <td>Clay, brown, sandy</td> <td>75</td> <td>77</td> <td>Clay, white, caliche, tight</td> </tr> <tr> <td>30</td> <td>35</td> <td>Clay, white, brown, caliche</td> <td>77</td> <td>95</td> <td>Sand, gravel, fine to medium, clay streaks</td> </tr> <tr> <td>35</td> <td>40</td> <td>Clay, greenish gray, sandy</td> <td>95</td> <td>114</td> <td>Clay, white, brown, caliche, sand streaks</td> </tr> <tr> <td>40</td> <td>55</td> <td>Clay, white, brown, caliche, tight</td> <td>114</td> <td>125</td> <td>Clay, white, brown, sticky</td> </tr> <tr> <td>55</td> <td>57</td> <td>Clay, brown, sandy</td> <td>125</td> <td>168</td> <td>Clay, white, caliche, hard</td> </tr> <tr> <td>57</td> <td>62</td> <td>Clay, white, caliche, tight</td> <td>168</td> <td>180</td> <td>Clay, brown, sticky, sand streaks</td> </tr> <tr> <td>62</td> <td>67</td> <td>Clay, brown, white, sandy</td> <td>180</td> <td>195</td> <td>Sand, gravel, fine to medium, clay streaks</td> </tr> </tbody> </table>						FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS	0	3	Topsoil	67	69	Sand, fine to coarse	3	11	Clay, tan, sandy	69	70	Caliche, hard	11	25	Clay, brown, caliche, some sand	70	75	Clay, brown, caliche, tight	25	30	Clay, brown, sandy	75	77	Clay, white, caliche, tight	30	35	Clay, white, brown, caliche	77	95	Sand, gravel, fine to medium, clay streaks	35	40	Clay, greenish gray, sandy	95	114	Clay, white, brown, caliche, sand streaks	40	55	Clay, white, brown, caliche, tight	114	125	Clay, white, brown, sticky	55	57	Clay, brown, sandy	125	168	Clay, white, caliche, hard	57	62	Clay, white, caliche, tight	168	180	Clay, brown, sticky, sand streaks	62	67	Clay, brown, white, sandy	180	195	Sand, gravel, fine to medium, clay streaks
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: 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) 06/25/14 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 185 This Water Well Record was completed on (mo/day/year) 07/16/14 under the business name of Clarke Well & Equipment, Inc. 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 .																																																																							