

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

14.498

1. LOCATION OF WATER WELL: County: Morton		Fraction ¼ SE ¼ NE ¼ SW ¼		Section Number 16	Township No. T 35 S	Range Number R 43 <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"/> . 4.5 MILES WEST OF ELKART KANSAS				Global Positioning System (GPS) information: Latitude: ..N.37.00109..... (in decimal degrees) Longitude: W 101.99838..... (in decimal degrees) Elevation: 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:) <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		
2 WATER WELL OWNER: JOHNNY BOALDIN RR#, Street Address, Box #: HC 1 BOX 102 City, State, ZIP Code : ELKART KANSAS 67950-9430						
3 LOCATE WELL WITH AN "X" IN SECTION BOX: N <div style="text-align: center;"> </div> W E S -----1 mile-----		4 DEPTH OF COMPLETED WELL 324..... ft. Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL 234..... ft. below land surface measured on mo/day/yr. 10-6-2011..... Pump test data: Well water was 306..... ft. after 2..... hours pumping 195..... gpm EST. YIELD..... gpm. Well water was..... ft. after..... hours pumping..... gpm Bore Hole Diameter 24..... in. to 324..... 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 & 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				
5 TYPE OF CASING USED: <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 .16..... in. to 324..... ft., Diameter..... in. to..... ft., Diameter..... in. to..... ft. Casing height above land surface 12..... in., Weight 32.26..... lbs./ft., Wall thickness or gauge No. 219..... 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 type="checkbox"/> Wire wrapped <input type="checkbox"/> Saw cut <input type="checkbox"/> Other (specify) SCREEN-PERFORATED INTERVALS: From 244..... ft. to 304..... ft., From..... ft. to..... ft. GRAVEL PACK INTERVALS: From 20..... ft. to 324..... 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 20..... 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 checked="" 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 checked="" type="checkbox"/> Oil well/gas well Direction from well WEST & SOUTH..... Distance from well 36' & 47'.....						
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS	
0	2	Top Soil	160	218	Sand fine to med	
2	16	Brown Sandy Clay	218	240	Sand fine to med /brown & tan rock	
16	39	Fine Sand	240	274	Fine sand	
39	53	Brown & White Sandy Clay	274	304	Sand fine/few sm clay stringers	
53	80	Sand Fine to med course small med g	304	320	Red Bed	
80	86	Brown Sandy Clay				
86	103	Sand fine to med course				
103	135	Brown Clay				
135	144	Fine Sand				
144	160	Brown Sandy Clay s/ sand strips				
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) 10-10-11..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 145..... This Water Well Record was completed on (mo/day/year) 11-23-11..... under the business name of HYDRO RESOURCES..... by (signature) <i>Bryan J. Lechman</i>						
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 .						