

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No. XXXXXXXXXX

1 LOCATION OF WATER WELL:
 County: Phillips Fraction 1/4 SE 1/4 SE 1/4 Section Number 8 Township Number T 3 S Range Number R 20 E (W)
 Distance and direction from nearest town or city street address of well if located within city? Beland Merklieu
 Global Positioning Systems (decimal degrees, min. of 4 digits)
 Latitude: _____
 Longitude: _____
 Elevation: _____
 Datum: _____
 Data Collection Method: _____

2 WATER WELL OWNER: 1540 W 1000 Rd.
 RR#, St. Address, Box # Prairie View, KS 67664
 City, State, ZIP Code

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:
 N

	NW	NE	
W			E
	SW	SE	
	S		

4 DEPTH OF COMPLETED WELL 120 ft.
 Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.
 WELL'S STATIC WATER LEVEL 2.2 ft. below land surface measured on mo/day/yr 10-2-12
 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
 Domestic 3 Feedlot 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 ; If yes, mo/day/yr
 Sample was submitted..... Water well disinfected? Yes No.....

5 TYPE OF CASING USED:
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below)
 2 PVC 4 ABS 7 Fiberglass
 Blank casing diameter 5 in. to 100 ft., Diameter..... in. to..... ft., Diameter..... in. to..... ft.
 Casing height above land surface 30 in., weight..... lbs./ft. Wall thickness or guage No. 200/ST

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 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).....
SCREEN-PERFORATED INTERVALS: From 100 ft. to 120 ft., From..... ft. to..... ft.
GRAVEL PACK INTERVALS: From 25 ft. to 120 ft., From..... ft. to..... ft.
 From..... ft. to..... ft., From..... ft. to..... ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other.....
 Grout Intervals: From 0 ft. to 25 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)
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage plug 14 Abandoned water well below
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil wll/gas well
 Direction from well? South North How many feet? 50'

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5	Black dirt			
5	30	Brown clay			
30	45	Brown clay, Soft Sandstone			
45	70	Green clay, Soft Sandstone			
70	85	White clay			
85	100	White clay, Fine sand			
100	120	White clay, Medium sand			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 10-3-12 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 756 This Water Well Record was completed on (mo/day/year) 10-29-12. Under the business name of Gallentine Well Service by (signature) Dave Hall

INSTRUCTIONS: 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-