

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources; App. No.  

<b>1 LOCATION OF WATER WELL:</b> County: <u>Decatur</u>	Fraction <u>SW 1/4 NW 1/4 SW 1/4</u>	Section Number <u>13</u>	Township Number <u>T 3 S</u>	Range Number <u>R 29 E/W</u>
Distance and direction from nearest town or city street address of well if located within city? <u>1 3/4 mi South of Oberlin</u>		<b>Global Positioning Systems</b> (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____		
<b>2 WATER WELL OWNER:</b> <u>Kevin Linger</u> RR#, St. Address, Box # : _____ City, State, ZIP Code : <u>Oberlin Ks 67749</u>				

<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> N W      E --NW--    --NE--                                                                                           --SW--    --SE-- S	<b>4 DEPTH OF COMPLETED WELL</b> ..... <u>143</u> ..... ft. Depth(s) Groundwater Encountered (1) <u>113</u> ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL... <u>113</u> ft. below land surface measured on mo/day/yr..... Pump test data: Well water was.....ft. after..... hours pumping..... gpm Est. Yield. <u>5</u> 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 <u>1 Domestic</u> 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 <input checked="" type="checkbox"/> .....; If yes, mo/day/yr Sample was submitted..... Water well disinfected? Yes <input checked="" type="checkbox"/> ..... No .....
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**5 TYPE OF CASING USED:**

1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped.....
2 PVC	4 ABS	7 Fiberglass		Welded.....
				Threaded.....

Blank casing diameter ..... 4 ..... in. to 103 ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
Casing height above land surface..... 12 ..... in., Weight ..... lbs./ft. Wall thickness or guage No. 2/4

**TYPE OF SCREEN OR PERFORATION MATERIAL:**

1 Steel	3 Stainless Steel	5 Fiberglass	<u>7 PVC</u>	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	<u>8 Saw cut</u>	10 Other (specify) .....	

**SCREEN-PERFORATED INTERVALS:** From 143 ..... ft. to 103 ..... ft., From ..... ft. to ..... ft.  
From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**GRAVEL PACK INTERVALS:** From 143 ..... ft. to 75 ..... 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 75 ..... ft. to 5 ..... 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	
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage	15 Oil well/gas well	<u>NONE</u>

Direction from well? ..... How many feet? .....

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	30	Top	102	108	Sandy Clay
30	61	limestone & clay	108	111	clay
61	74	" " soft	111	120	Sand little clay
74	77	Fine Sand Tight	120	139	clay
77	81	limestone Sand clay Hard	139	141	Sand Gravel
81	83	Sand Gravel	141		Shale
83	94	Sand Tight			
94	96	SAND			
96	100	SAND Tight			
100	102	SAND			

**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) 6-5-12 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 398 This Water Well Record was completed on (mo/day/year) 6-11-12 under the business name of Kelley Dull's Co by (signature) Richard O Kelley

**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 785-296-5522. 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/index.html>.