

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

I LOCATION OF WATER WELL: County: Cheyenne		Fraction Se $\frac{1}{4}$ NW $\frac{1}{4}$ NW $\frac{1}{4}$	Section Number 27	Township Number T 3 S	Range Number R 40 E/W				
Distance and direction from nearest town or city street address of well if located within city? 1/2 block S. of 4th St. and S. Benton St. East into, St. Francis, KS		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____							
2 WATER WELL OWNER: Coastal Mart, Inc. RR#, St. Address, Box # 2 N. Nevada City, State, ZIP Code Colorado Springs, CO 80903		3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N W <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;">NW</td><td style="width: 20px; height: 20px;">NE</td></tr><tr><td style="width: 20px; height: 20px;">SW</td><td style="width: 20px; height: 20px;">SE</td></tr></table> E S				NW	NE	SW	SE
NW	NE								
SW	SE								
4 DEPTH OF COMPLETED WELL 45 ft.		Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL 37.25 ft. below land surface measured on mo/day/yr 9/9/08 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) 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 _____ No <input checked="" type="checkbox"/>		5 TYPE OF CASING USED: 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____ <input checked="" type="checkbox"/> PVC 4 ABS 7 Fiberglass _____ Threaded <input checked="" type="checkbox"/> Yes Blank casing diameter 2 in. to 29.8 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface 0 in., Weight SCH40 lbs./ft. Wall thickness or guage No. _____							
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Mill slot 5 Guazed 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 44.8 ft. to 29.8 ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.		GRAVEL PACK INTERVALS: From 44.8 ft. to 27.8 ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.							
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> Bentonite 4 Other _____ Grout Intervals: From 27.8 ft. to 1.5 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 <input checked="" type="checkbox"/> 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? IMMEDIATE VICINITY How many feet? IMMEDIATE VICINITY							
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS				
0		Surface Grass							
0	5	Sandy, Silt, brown, sl. moist, some roots, no odor							
5	9	Silty sand, light brown, moist medium to coarse sand, poorly sorted, no odor							
9	10	Old Concrete							
10	20	Sand, light brown, sl. moist, medium to coarse, scattered gravel, some silt, no odor							
20	25	Sandy clay, light brown, moist, sl. plasticity medium to coarse sand, no odor							
25	35	Sand, light brown, sl. moist, med to coarse some gravel, slightly clayey, poorly sorted, no odor			MW - 12				
35	40	Sand, as above							
40		wet							

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) 9/9/08 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) 9/12/08 under the business name of Pratt Well Service, Inc. by (signature) *Steven E. Pratt*

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, 1 000 SW Jackson St., Suite 420, Topeka, Kansas 66612- 1 367. 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.kdhe.state.ks.us/geo/waterwells>.