

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: Leavenworth <u>Republic</u> Distance and direction from nearest town or city street address of well if located within city?	Fraction <u>SE 1/4 SW 1/4 SE 1/4</u>	Section Number <u>30</u>	Township Number <u>T 3 S</u>	Range Number <u>R 5 E</u>
2 WATER WELL OWNER: <u>William Hepkin</u> RR#, St. Address, Box # : <u>170 SHADY ROAD</u> City, State, ZIP Code : <u>COURTLAND, KS 66939</u>		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: <u>39.75613</u> Longitude: <u>97.91956</u> Elevation: <u>1463</u> Datum: _____ Data Collection Method: _____		

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 5px;">NW</td> <td style="border: 1px solid black; padding: 5px;">NE</td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;">SW</td> <td style="border: 1px solid black; padding: 5px; text-align: center;">X</td> </tr> </table> S	NW	NE	SW	X	4 DEPTH OF COMPLETED WELL <u>2.30</u> ft. Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL..... ft. below land surface measured on mo/day/yr..... 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 <u>12 Other (Specify below)</u> 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well <u>GEO-THERMAL</u> Was a chemical/bacteriological sample submitted to Department? Yes No <u>X</u> If yes, mo/day/yr Sample was submitted..... Water well disinfected? Yes No <u>X</u>
NW	NE				
SW	X				

5 TYPE OF CASING USED: 1 Steel 3 RMP (SR) 2 PVC 4 ABS Blank casing diameter <u>3/4</u> in. to <u>2.30</u> ft., Diameter..... in. to ft., Diameter in. to ft. Casing height <u>below</u> land surface..... <u>60</u> in., Weight lbs./ft. Wall thickness or gauge No. <u>SDR11</u>	5 Wrought Iron 8 Concrete tile 6 Asbestos-Cement <u>9 Other (specify below)</u> <u>HDPE</u> 7 Fiberglass 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)	CASING JOINTS: Glued..... Clamped..... Welded <u>X</u> Threaded..... 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..... ft. to ft., From..... ft. to ft. GRAVEL PACK INTERVALS: From <u>NA</u> ft. to <u>NA</u> ft., From <u>NA</u> ft. to <u>NA</u> ft.
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6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other Grout Intervals: From <u>5</u> ft. to <u>2.30</u> 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 <u>16 Other (specify below)</u> 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well <u>House</u> 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/gas well Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	9	Soil	158	195	SHALE, GRAY
9	16	Sandy Clay	195	199	LEMPSTONE
16	17	GRAVEL	199	215	SHALE, GRAY
17	22	LEMPSTONE	215	230	SANDSTONE
22	48	SHALE			
48	52	LEMPSTONE			
52	91	SHALE, GRAY			2 holes to 215
91	94	LEMPSTONE			1 hole to 230
94	143	SHALE GRAY			
143	158	SANDSTONE			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was geothermal constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 3/31/09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 760 This Water Well Record was completed on (mo/day/year) 8/28/09 under the business name of ASSOCIATED DRILLERS by (signature) [Signature]

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>.