

## WATER WELL RECORD

## Form WWC-5

Division of Water Resources; App. No.

<b>1 LOCATION OF WATER WELL:</b> County: <u>Cherokee</u> Distance and direction from nearest town or city street address of well if located within city?		Fraction <u>NW 1/4 SW 1/4 SW 1/4</u> Section Number <u>35</u> Township Number <u>T 4 S</u> Range Number <u>R 40 E/W</u>	<b>Global Positioning Systems</b> (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Collection Method: _____				
<b>2 WATER WELL OWNER:</b> <u>W. H. Small</u> RR#, St. Address, Box # : <u>730 Road 15</u> City, State, ZIP Code : <u>St. Francis, Mo. 67756-5752</u>		<b>4 DEPTH OF COMPLETED WELL</b> ..... <u>333</u> ..... ft.					
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> <div style="text-align: center;">N</div> <table border="1" style="margin: auto; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">NW</td> <td style="width: 20px;">NE</td> </tr> <tr> <td style="width: 20px;">SW</td> <td style="width: 20px;">SE</td> </tr> </table> <div style="text-align: center;">S</div>		NW	NE	SW	SE	Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL... <u>228</u> ... 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 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 .....	
NW	NE						
SW	SE						
<b>5 TYPE OF CASING USED:</b> 5 Wrought Iron 8 Concrete tile CASING JOINTS <u>Glued</u> ..... Clamped..... 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded..... 2 PVC 4 ABS 7 Fiberglass..... Threaded..... Blank casing diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft. Casing height above land surface... <u>12</u> ..... in., Weight ..... lbs./ft. Wall thickness or gauge No. <u>327</u> <b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b> 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) <b>SCREEN OR PERFORATION OPENINGS ARE:</b> 1 Continuous slot <u>3</u> 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) ..... <b>SCREEN-PERFORATED INTERVALS:</b> From... <u>293</u> ..... ft. to ... <u>333</u> ..... ft., From ..... ft. to ..... ft. <b>GRAVEL PACK INTERVALS:</b> From... <u>0</u> ..... ft. to ... <u>5</u> ..... ft., From ..... ft. to ..... ft. From... <u>25</u> ..... ft. to ... <u>333</u> ..... ft., From ..... ft. to ..... ft.							
<b>6 GROUT MATERIAL:</b> 1 Neat cement 2 Cement grout <u>3</u> Bentonite 4 Other ..... Grout Intervals: From... <u>5</u> ..... ft. to ... <u>25</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 16 Other (specify) 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well below) 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	20	Top Soil Sand	200	240	Sand Stone Sm. Gravel		
20	40	Sand Clay	240	260	Sand Stone Mag. Sm. Gravel		
40	60	Sand Stone Clay	260	280	Sand Stone Mag		
60	80	Sand Clay Fine Gravel	280	300	Sand Stone Mag Hard Hard Mag		
80	100	Sand Clay Sm Gravel	300	320	Mag Clay Sand Stone		
100	120	Sand Clay Sm-Med Gravel	320	333	Sm gravel clay okra shale		
120	140	Sand Stone Mag Sm. Gravel					
140	160	Sand Stone Mag Sm-Med Gravel					
160	180	Sand Stone Mag Sm Gravel					
180	200	Sand Stone					
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>8-1-08</u> and this record is true to the best of my knowledge and belief Kansas Water Well Contractor's License No. <u>201</u> This Water Well Record was completed on (mo/day/year) <u>8-16-08</u> under the business name of <u>Wilcox Well Drilling</u> by (signature) <u>Richard Wilcox</u>							
<b>INSTRUCTIONS:</b> Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> 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 <u>constructed</u> well. Visit us at <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> .							