

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources; App. No.  

<b>1 LOCATION OF WATER WELL:</b> County: <u>Cheyenne</u>	Fraction <u>NW 1/4 NW 1/4 NE 1/4</u>	Section Number <u>16</u>	Township Number T <u>5 S</u>	Range Number R <u>39 EW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>5 East + 10 South of St Francis</u>		<b>Global Positioning Systems</b> (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____		

**2 WATER WELL OWNER:** Clarence Robinson  
RR#, St. Address, Box # : 1955 CRE  
City, State, ZIP Code : St Francis, KS 66756

Data Collection Method: \_\_\_\_\_

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

N

NW	<b>X</b>	NE	E
SW	SE	S	

**4 DEPTH OF COMPLETED WELL** ..... 320 ft.

Depth(s) Groundwater Encountered (1).....180 ft. (2)..... ft. (3)..... ft.  
WELL'S STATIC WATER LEVEL.....180 ft. below land surface measured on mo/day/yr. 5-16-07  
Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm  
Est. Yield.....20 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 .....; If yes, mo/day/yr Sample was submitted..... Water well disinfected? Yes ..... No .....

**5 TYPE OF CASING USED:**

1 Steel	3 RMP (SR)	5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued..... Clamped.....
2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded.....
		7 Fiberglass		Threaded.....

Blank casing diameter ..... 5 in. to ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
Casing height above land surface..... 12 in., Weight ..... 2.374 lbs./ft. Wall thickness or gauge No. SAR 21

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	<u>7 Torch cut</u>	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..... ft. to ..... ft., From ..... ft. to ..... ft.  
From..... ft. to ..... ft., From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From..... ft. to ..... 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 ..... 20 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	

Direction from well? ... None in View ..... How many feet? .....

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	80	Clay			
80	100	gravel + clay			
100	160	gravel + clay			
160	180	sandstone gravel + clay			
180	200	gravel			
200	260	sandstone + clay			
260	280	sandstone gravel + clay			
280	320	sandstone gravel + clay			
	320	Shale			

**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) 5-16-07 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 70 This Water Well Record was completed on (mo/day/year) 5-18-07 under the business name of Schaal Drilling Co. 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>.