

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: Cloud	Fraction SW ¼ SE ¼ SE ¼	Section Number 5	Township Number T 6 S	Range Number R 3 <input checked="" type="checkbox"/> W
Distance and direction from nearest town or city street address of well if located within city? 1/2 mile South & 1/2 mile West of Concordia, Ks.		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____		
2 WATER WELL OWNER: RR#, St. Address, Box # : Dan Koch 7105 Waterfront Dr. City, State, ZIP Code : Concordia, Ks. 66901				

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td>--NW--</td><td>--NE--</td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td>--SW--</td><td>--SE--</td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table> S					--NW--	--NE--							--SW--	--SE--							4 DEPTH OF COMPLETED WELL133..... ft. Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL..... 62 ft. below land surface measured on mo/day/yr... 6/7/07 ... 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 <input checked="" type="checkbox"/> 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--																				

5 TYPE OF CASING USED: 1 Steel 3 RMP (SR) 6 Asbestos-Cement <input checked="" type="checkbox"/> PVC 4 ABS 7 Fiberglass	5 Wrought Iron 8 Concrete tile 9 Other (specify below)	CASING JOINTS: Glued... <input checked="" type="checkbox"/> ... Clamped..... Welded..... Threaded.....
Blank casing diameter 5 in. to 1.13 ft., Diameter. in. to ft., Diameter in. toft. Casing height above land surface..... 12 in., Weight..... 2.37lbs./ft. Wall thickness or guage No. 214		
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 1.13 ft. to 1.33 ft., From ft. to ft. From..... ft. to ft., From ft. to ft.		
GRAVEL PACK INTERVALS: From 22 ft. to 133 ft., From ft. to ft. From..... ft. to ft., From ft. to ft.		

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout Bentonite 4 Other

Grout Intervals: From**2**... ft. to**22**..... ft., From ft. to ft., From ft. toft.

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
 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?**West**..... How many feet?**150**'.....

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Topsoil			
3	23	Clay, brown w/sandstone layers			
23	41	Clay, gray			
41	42	Coal			
42	66	Shale, gray/soft			
66	81	Sandstone, tan			
81	90	Shale, gray			
90	133	Sandstone, tan			

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) ..**6/11/07**... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No.**138**..... This Water Well Record was completed on (mo/day/year) ..**6/11/07**..... under the business name of **Peterson Irrigation, Inc.** by (signature) *Mike Peters*

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.kdhe.state.ks.us/geo/waterwells>.