

**WATER WELL RECORD**

**Form WWC-5**

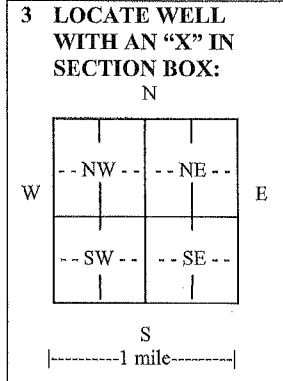
Division of Water Resources App. No. [ ]

<b>1 LOCATION OF WATER WELL:</b> County: <u>Osborne</u>	Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ NW $\frac{1}{4}$	Section Number <u>8</u>	Township No. T <u>7</u> S	Range Number R <u>15</u> <input type="checkbox"/> E <input checked="" type="checkbox"/> W
--	--	----------------------------	------------------------------	--

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here .

**Global Positioning System (GPS) information:**  
 Latitude: ..... (in decimal degrees)  
 Longitude: ..... (in decimal degrees)  
 Elevation: .....  
 Datum:  WGS 84,  NAD 83,  NAD 27  
 Collection Method:  
 GPS unit (Make/Model: .....)  
 Digital Map/Photo,  Topographic Map,  Land Survey  
 Est. Accuracy:  <3 m,  3-5 m,  5-15 m,  >15 m

**2 WATER WELL OWNER:** Jay Carswell  
 RR#, Street Address, Box #: 2628 W. 40th  
 City, State, ZIP Code: Atton, KS 67623



**4 DEPTH OF COMPLETED WELL** ..... 50 ..... ft.

Depth(s) Groundwater Encountered (1) ..... ft. (2) ..... ft. (3) ..... ft.

WELL'S STATIC WATER LEVEL... 32 ..... ft. below land surface measured on mo/day/yr.....

Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm  
 EST. YIELD 300 gpm. Well water was ..... ft. after ..... hours pumping ..... gpm

Bore Hole Diameter: 30 ..... in. to 50 ..... ft., and ..... in. to ..... ft.

WELL WATER TO BE USED AS:  Public water supply    Geothermal    Injection well  
 Domestic    Feedlot    Oil field water supply    Dewatering    Other (Specify below)  
 Irrigation    Industrial    Domestic-lawn & garden    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:**  Steel  PVC  Other .....

CASING JOINTS:  Glued  Clamped  Welded  Threaded  
 Casing diameter 16 ..... in. to 50 ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
 Casing height above land surface... 18 ..... in., Weight ..... lbs./ft., Wall thickness or gauge No. SDR 26

TYPE OF SCREEN OR PERFORATION MATERIAL:  
 Steel    Stainless Steel    PVC    Other (Specify) .....  
 Brass    Galvanized Steel    None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:  
 Continuous slot    Mill slot    Gauze wrapped    Torch cut    Drilled holes    None (open hole)  
 Louvered shutter    Key punched    Wire wrapped    Saw cut    Other (specify) .....

SCREEN-PERFORATED INTERVALS: From 30 ..... ft. to 50 ..... ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From 30 ..... ft. to 50 ..... ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**6 GROUT MATERIAL:**  Neat cement    Cement grout    Bentonite    Other .....

Grout Intervals: From 0 ..... ft. to 50 ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

What is the nearest source of possible contamination:  
 Septic tank    Lateral lines    Pit privy    Livestock pens    Insecticide storage    Other (specify below)  
 Sewer lines    Cesspool    Sewage lagoon    Fuel storage    Abandoned water well  
 Watertight sewer lines    Seepage pit    Feedyard    Fertilizer storage    Oil well/gas well .....

Direction from well ..... Distance from well .....

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	3	TOPSOIL			
3	20	BROWN CLAY			
20	40	FINE GRAVEL W/ FEW LIMESTONE LAYERS			
40	46	FINE GRAVEL			
46	50	BLACK SHALE			

**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) 11/2/14 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 453 This Water Well Record was completed on (mo/day/year) 7/15/14 under the business name of Sargent Irrigation by (signature) [Signature]

**INSTRUCTIONS:** Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>.