**WATER WELL RECORD**

Form WWC-5

**1 LOCATION OF WATER WELL:**

- County: DICKENSON Co.
- Township Number: T 11 S
- Range Number: R 3 E
- Well ID: 9

**2 WELL OWNER:**

- Last Name: Sherrer
- First Name: Mosie
- Address: 1963 3rd Rd.
- State: KS
- Zip: 67478

**3 LOCATE WELL WITH ** in SECTION BOX:**

**4 DEPTH OF COMPLETE WELL:**

- Depth(s) Groundwater Encountered: 1) ft.
- Depth(s) Static Water Level: ft.
- Pump test data: Well water was gpm

**5 Latitude:**

- N 39° 00' 27.8"
- W 97° 06' 32.1"

**6 Elevation:**

- 1.25 ft.

**7 WELL WATER TO BE USED AS:**

- Public Water Supply: well ID
- Aquifer Recharge: well ID
- Geotechnical: well ID
- Geothermal: well ID
- Oil Field Water Supply: lease
- Test Hole: well ID
- Geothermal: how many bores?
- Oil Field Water Supply: lease

**8 TYPE OF CASING USED:**

- Steel
- PVC
- Other

**9 GROUT MATERIAL:**

- Neat cement
- Bentonite
- Other

**10 FROM TO LITHOLOGIC LOG**

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**11 CONTRACTOR’S OR LANDOWNER’S CERTIFICATION:**

- Mail 1 white copy along with 1 of $5.00 for each constructed well to: Kansas Department of Health and Environment, Kansas Water Well Program, Kansas Water Well Records, 10600 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.


KSA 82a-1212

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