

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No. 13827

1 LOCATION OF WATER WELL: Fraction 1/4 NC 1/4 SE 1/4 NW 1/4 Section Number 1 Township Number T 10 S Range Number R 29 E W
 County: **Sheridan**
 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: Dan Schultz
 RR#, St. Address, Box # : R R 2, Box 26
 City, State, ZIP Code : Grainfield, ks 67737

3 LOCATE WELL WITH AN "X" IN SECTION BOX:

N	
X	
NW	NE
W	E
SW	SE
S	

-----1 mile-----

4 DEPTH OF COMPLETED WELL 190 ft.
 Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft.
 WELL'S STATIC WATER LEVEL _____ 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: 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 130 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.
 Casing height above land surface 24 in., Weight 16.150 lbs./ft. Wall thickness or gauge No. .500
 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 130 ft. to 190 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS:
 From 20 ft. to 190 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 20 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 None
 Direction from well west Distance from well 265'

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	Surface	112	133	Fine to med sd w/clay strks & cal lense
2	23	Loess	133	140	Fine to med sd w/cal strks & clay lense
23	43	Clay w/caliche strks	140	145	Caliche & clay w/fine sd strks
43	55	Fine sd & sandy clay mix w/clay & Caliche strks	145	153	Fine to med sd w/clay & cal strks
			153	160	Fine sd w/clay & caliche strks
55	60	Fine & med sd w/clay strks & cal strks	160	172	Clay & caliche w/sand lens
60	69	Fine & med sd w/clay & cal lens	172	183	Fine to med sd & small gravel w/clay
69	89	Clay & caliche w/fine sand lens			Strks
89	95	Clay & caliche w/fine sand strks	183	200	Yellow ochre/black shale
95	112	Clay & caliche strks			

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) 7-10-09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 554 of 783. This Water Well Record was completed on (mo/day/year) 9-12-09 under the business name of Woofter Pump & Well Inc. by (signature) _____

INSTRUCTIONS: 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 785-296-5522. Send one 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>.