

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No. 21178

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Thomas</u>		$\frac{1}{4}$ SW $\frac{1}{4}$ NW $\frac{1}{4}$ NW $\frac{1}{4}$	<u>6</u>	T <u>10</u> S	R <u>33</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 <input type="checkbox"/> .			Global Positioning System (GPS) information:		
<u>10 miles so Colby on Hwy 25 E side of Rd.</u>			Latitude: _____ (in decimal degrees)		
			Longitude: _____ (in decimal degrees)		
			Elevation: _____		
2 WATER WELL OWNER: <u>Double Diamond Farms</u>			Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27		
RR#, St. Address, Box # : <u>0 Wayne Wilson</u>			Collection Method:		
City, State, ZIP Code : <u>1001 County Rd 24</u>			<input type="checkbox"/> GPS unit (Make/Model: _____)		
<u>Colby, KS 67701</u>			<input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey		
			Est. Accuracy: <input type="checkbox"/> <3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m		

3 LOCATE WELL WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL	
		318 ft.	
Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft.		WELL'S STATIC WATER LEVEL 202 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: <input type="checkbox"/> Public water supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Injection well		<input type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below)	
<input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Domestic-lawn & garden <input type="checkbox"/> Monitoring well		Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, mo/day/yr sample was submitted _____		Water Well Disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

5 TYPE OF CASING USED:		<input type="checkbox"/> Steel	<input checked="" type="checkbox"/> PVC	<input type="checkbox"/> Other
CASING JOINTS:		<input checked="" type="checkbox"/> Glued	<input type="checkbox"/> Clamped	<input type="checkbox"/> Welded <input type="checkbox"/> Threaded
Casing diameter 16 in. to 258 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.				
Casing height above land surface 24 in., Weight _____ lbs./ft. Wall thickness or gauge No. _____				
TYPE OF SCREEN OR PERFORATION MATERIAL:				
<input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) <u>Agri steel</u>				
<input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> None used (open hole)				
SCREEN OR PERFORATION OPENINGS ARE:				
<input type="checkbox"/> Continuous Slot <input type="checkbox"/> Mill slot <input type="checkbox"/> Gauze wrapped <input type="checkbox"/> Torch cut <input type="checkbox"/> Drilled holes <input type="checkbox"/> None (open hole)				
<input type="checkbox"/> Louvered shutter <input type="checkbox"/> Key punched <input type="checkbox"/> Wire wrapped <input checked="" type="checkbox"/> Saw cut <input type="checkbox"/> Other (specify) _____				
SCREEN-PERFORATED INTERVALS:				
From 294 ft. to 318 ft., From _____ ft. to _____ ft.				
From 282 ft. to 318 ft., From _____ ft. to _____ ft.				
GRAVEL PACK INTERVALS:				
From 20 ft. to 318 ft., From _____ ft. to _____ ft.				

6 GROUT MATERIAL:		<input checked="" type="checkbox"/> Neat cement	<input type="checkbox"/> Cement grout	<input type="checkbox"/> Bentonite	<input type="checkbox"/> Other
Grout Intervals		From 0 ft. to 20 ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.
What is the nearest source of possible contamination:					
<input type="checkbox"/> Septic tank <input type="checkbox"/> Lateral lines <input type="checkbox"/> Pit privy <input type="checkbox"/> Livestock pens <input type="checkbox"/> Insecticide storage <input type="checkbox"/> Other (specify below)					
<input type="checkbox"/> Sewer lines <input type="checkbox"/> Cesspool <input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Fuel storage <input type="checkbox"/> Abandoned water well					
<input type="checkbox"/> Watertight sewer lines <input type="checkbox"/> Seepage pit <input type="checkbox"/> Feedyard <input type="checkbox"/> Fertilizer storage <input type="checkbox"/> Oil well/gas well <u>none</u>					
Direction from well _____		Distance from well _____			

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	Surface	217	228	Fine to med sand
2	10	Loess	228	230	Caliche
10	52	Clay	230	233	Fine to med sand
52	84	Clay & caliche	233	239	Clay & caliche
84	91	Clay & sandstone	239	245	Fine sand w/clay strk
91	112	Clay & sandy clay w/ a few sd strk	245	250	Clay
112	170	Fine to med sand	250	253	Fine sand
170	182	Clay w/sand strk	253	257	Clay
182	212	Fine to med sand	257	261	Fine sand
212	217	clay			Continued to sheet 2 of 2

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:	
This water well was <input type="checkbox"/> constructed, <input checked="" type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/year) <u>1-18-2012</u> and this record is true to the best of my knowledge and belief.	
Kansas Water Well Contractor's License No. <u>554</u>	This Water Well Record was completed on (mo/day/year) <u>2-3-2012</u>
under the business name of <u>Wattex Pump & Well Inc.</u>	by (signature) <u>Gay R. Roberts</u>

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>.

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Form WWC-5

Division of Water Resources App. No. **21178**

1 LOCATION OF WATER WELL: Thomas	Fraction $\frac{1}{4}$ SW $\frac{1}{4}$ NW $\frac{1}{4}$ NE $\frac{1}{4}$	Section Number 6	Township Number T 10 S	Range Number R 33 <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 <input type="checkbox"/> 10 MILES SO Colby on Hwy 25 E side of road		Global Positioning System (GPS) information: Latitude: _____ (in decimal degrees) Longitude: _____ (in decimal degrees) Elevation: _____ Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27 Collection Method: <input type="checkbox"/> GPS unit (Make/Model: _____) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m		
2 WATER WELL OWNER Double Diamond Farms RR#, St. Address, Box # % Wayne Wilson City, State, ZIP Code 1001 Country Rd 24 Colby, Ks 67701				

3 LOCATE WELL WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> </div>	4 DEPTH OF COMPLETED WELL 318 ft. Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL 202 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: <input type="checkbox"/> Public water supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Injection well <input type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below) _____ <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Domestic-lawn & garden <input type="checkbox"/> Monitoring well Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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5 TYPE OF CASING USED: <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other _____ CASING JOINTS: <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded Casing diameter 16 in. to 258 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface 24 in., Weight 2.38 lbs./ft. Wall thickness or gauge No. .248	
TYPE OF SCREEN OR PERFORATION MATERIAL: <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) Agri Steel <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE: <input type="checkbox"/> Continuous Slot <input type="checkbox"/> Mill slot <input type="checkbox"/> Gauze wrapped <input type="checkbox"/> Torch cut <input type="checkbox"/> Drilled holes <input type="checkbox"/> None (open hole) <input type="checkbox"/> Louvered shutter <input type="checkbox"/> Key punched <input type="checkbox"/> Wire wrapped <input checked="" type="checkbox"/> Saw cut <input type="checkbox"/> Other (specify) _____	
SCREEN-PERFORATED INTERVALS: From 294 ft. to 318 ft., From _____ ft. to _____ ft. From 282 ft. to 318 ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From 20 ft. to 318 ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.	

6 GROUT MATERIAL: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input type="checkbox"/> Bentonite <input type="checkbox"/> 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: <input type="checkbox"/> Septic tank <input type="checkbox"/> Lateral lines <input type="checkbox"/> Pit privy <input type="checkbox"/> Livestock pens <input type="checkbox"/> Insecticide storage <input type="checkbox"/> Other (specify below) _____ <input type="checkbox"/> Sewer lines <input type="checkbox"/> Cesspool <input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Fuel storage <input type="checkbox"/> Abandoned water well <input type="checkbox"/> Watertight sewer lines <input type="checkbox"/> Seepage pit <input type="checkbox"/> Feedyard <input type="checkbox"/> Fertilizer storage <input type="checkbox"/> Oil well/gas well None Direction from well _____ Distance from well _____	

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
261	264	Clay			
264	275	Fine sand w/clay			
275	288	Fine sand (semi-loose) w/clay strks			
288	290	Clay			
290	298	Fine sand w/clay strks			
298	302	Clay			
302	313	Clay w/few fine sand strks			
313	318	Fine sand			
318		Yellow ochre			

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) **1-18-2012**. And this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **554**. This Water Well Record was completed on (mo/day/year) **2-03-2012** under the business name of **Woofert 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>.