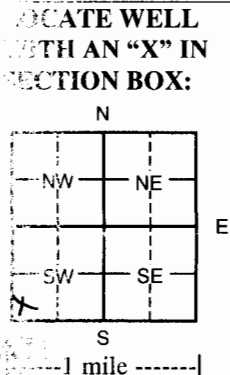


WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

LOCATION OF WATER WELL: Gove	Fraction $\frac{1}{4}$ SW $\frac{1}{4}$ SW $\frac{1}{4}$ SW $\frac{1}{4}$	Section Number 33	Township Number T 11 S	Range Number R 26 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
Rural Address of Well Location; if unknown, distance & direction to nearest town or intersection: If at owner's address, check here <input type="checkbox"/>		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		
1 mile east - 1 mile S of Justice Co Rd 74 WATER WELL OWNER: Daye Gillispie St. Address, Box # 2540 Castle Rock Rd State, ZIP Code Quinter, Ks 67752				



4 DEPTH OF COMPLETED WELL **100** 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

TYPE OF CASING USED: Steel PVC Other

JOINING JOINTS: Glued Clamped Welded Threaded

casing diameter **4.5** in. to **60** ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.
 casing height above land surface **18** in., Weight **2.38** lbs./ft. Wall thickness or gauge No. **.248**

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 **60** ft. to **100** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS:
 From **20** ft. to **100** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GROUT MATERIAL: Neat cement Cement grout Bentonite Other

Grout intervals From **0** ft. to **20** ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

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 _____ Distance from well _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	Surface			
2	10	Loess			
10	16	Clay			
16	31	Fine to some med sand			
31	40	Sandstone w/caliche strks			
40	55	Clay & caliche			
55	83	Fine to med sand			
83	89	Clay & caliche			
89	98	Fine to med sand w/clay & caliche			
98	99	flint			

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged in my jurisdiction and was completed on (mo/day/year) **8-25-10** and this record is true to the best of my knowledge and belief.

Water Well Contractor's License No. **554 or 783**. This Water Well Record was completed on (mo/day/year) **8-31-10**.

The business name of **Woofter Pump & Well Inc.** by (signature) *[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 Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain your records. Include fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>.