

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources App. No. \_\_\_\_\_

<b>1 LOCATION OF WATER WELL:</b>		Fraction	Section Number	Township Number	Range Number
County: <b>Ellis</b>		¼ SE ¼ SW ¼ NE ¼	<b>28</b>	T <b>13</b> S	R <b>18</b> <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"/> .			<b>Global Positioning System (GPS) information:</b>		
<b>In Backyard</b> <b>3 Loops</b>			Latitude: _____ (in decimal degrees)		
<b>2 WATER WELL OWNER: Randy Schoenthaler</b>			Longitude: _____ (in decimal degrees)		
RR#, St. Address, Box # : 113 W 34 <sup>th</sup>			Elevation: _____		
City, State, ZIP Code : Hays, KS 67601			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		
<b>3 LOCATE WELL WITH AN "X" IN SECTION BOX:</b>		<b>4 DEPTH OF COMPLETED WELL</b> <b>240</b> 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: <input type="checkbox"/> Public water supply <input checked="" type="checkbox"/> Geothermal <input type="checkbox"/> Injection well			
		Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below)			
		<input 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 type="checkbox"/> No			
		If yes, mo/day/yr sample was submitted _____			
		Water Well Disinfected? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>5 TYPE OF CASING USED:</b> <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input checked="" type="checkbox"/> Other <b>HDPE</b>					
CASING JOINTS: Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded					
Casing diameter <b>3/4</b> in. to <b>240</b> ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.					
Casing height above land surface _____ in., Weight <b>DR11</b> lbs./ft. Wall thickness or gauge No. <b>0.095</b>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
<input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) _____					
<input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input checked="" 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 checked="" type="checkbox"/> None (open hole)					
<input type="checkbox"/> Louvered shutter <input type="checkbox"/> Key punched <input type="checkbox"/> Wire wrapped <input type="checkbox"/> Saw cut <input type="checkbox"/> Other (specify) _____					
SCREEN-PERFORATED INTERVALS:					
From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS:					
From <b>20</b> ft. to _____ ft., From _____ ft. to _____ ft.					
From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
<b>6 GROUT MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Other <b>Bentonite slurry w/high sand content</b>					
Grout Intervals From <b>5</b> ft. to <b>240</b> 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 <b>None</b>					
Direction from well _____ Distance from well _____					
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	Surface			
2	24	Loess			
24	60	Clay w/fine sand strks			
60	73	Clay w/black shale strks & sand lenses			
73	75	Black shale			
75	90	Sandy clay w/fine sand strks			
90	133	Clay & caliche w/sand lenses			
133	240	Black shale			
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/year) <b>9/09/09</b> and this record is true to the best of my knowledge and belief.					
Kansas Water Well Contractor's License No. <b>554 or 783</b> . This Water Well Record was completed on (mo/day/year) <b>9/14/09</b>					
under the business name of <b>Woofter Pump &amp; Well Inc.</b> by (signature) _____					
<b>INSTRUCTIONS:</b> 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 <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> .					