

**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>	$\frac{1}{4}$ NW $\frac{1}{4}$ NE $\frac{1}{4}$ SW $\frac{1}{4}$	<b>33</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>Nw corner of intersection of 18<sup>th</sup> &amp; walnut</b>		<b>Global Positioning System (GPS) information:</b>		
<b>2 WATER WELL OWNER: Ralph Howerton</b> RR#, St. Address, Box # : 405 W 15 <sup>th</sup> City, State, ZIP Code : Hays, Ks 67601		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		

<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
	<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 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? <input type="checkbox"/> Yes <input type="checkbox"/> No

**5 TYPE OF CASING USED:**  Steel  PVC  Other **HDPE**

CASING JOINTS:  Glued  Clamped  Welded  Threaded

Casing diameter **3/4** in. to **240** ft., Diameter \_\_\_\_\_ in. to \_\_\_\_\_ ft., Diameter \_\_\_\_\_ in. to \_\_\_\_\_ ft.

Casing height above land surface \_\_\_\_\_ in., Weight **DR11** lbs./ft. Wall thickness or gauge No. **0.095**

**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 \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**GRAVEL PACK INTERVALS:**

From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**6 GROUT MATERIAL:**  Neat cement  Cement grout  Bentonite  Other **Bentonite slurry w/high sand content**

Grout Intervals From **5** ft. to **240** 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 \_\_\_\_\_ Distance from well \_\_\_\_\_

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	Surface			
2	10	Silt			
10	45	Clay w/traces of caliche			
45	55	Fine & med sand w/clay strks			
55	60	Clay w/traces of caliche			
60	69	Fine to med sand			
69	240	Black shale			

**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) **8-17-09** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **554783**. This Water Well Record was completed on (mo/day/year) **9-11-09** 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>.