

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number																																																																			
County: Scott		$\frac{1}{4}$ NW $\frac{1}{4}$ SE $\frac{1}{4}$ NW $\frac{1}{4}$		32		T 16 S		R 31 <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"/> . 8 west of Healy—2.5 north—west into				Global Positioning System (GPS) information:																																																																							
2 WATER WELL OWNER: Galen Harper RR#, St. Address, Box # 9731 N Toas Rd City, State, ZIP Code Healy, KS 67850				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																																																																							
3 LOCATE WELL WITH AN "X" IN SECTION BOX:				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																																																																							
4 DEPTH OF COMPLETED WELL				175 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 type="checkbox"/> Geothermal <input type="checkbox"/> Injection well				<input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below)																																																																							
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 4.5 in. to 135 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:																																																																											
<input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) _____																																																																											
<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 135 ft. to 175 ft., From _____ ft. to _____ ft.																																																																											
GRAVEL PACK INTERVALS:																																																																											
From 20 ft. to 175 ft., From _____ ft. to _____ ft.																																																																											
6 GROUT MATERIAL: <input type="checkbox"/> Neat cement <input checked="" 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 _____																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>LITHO. LOG (cont.) or PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>2</td> <td>Surface</td> <td>131</td> <td>144</td> <td>Fine sand w/clay & caliche strks</td> </tr> <tr> <td>2</td> <td>23</td> <td>Loess</td> <td>144</td> <td>165</td> <td>Fine & med sand w/clay lenses</td> </tr> <tr> <td>23</td> <td>45</td> <td>Caliche w/fine sand strks</td> <td>165</td> <td>190</td> <td>Yellow ochre/black shale</td> </tr> <tr> <td>45</td> <td>63</td> <td>Fine to some med sand w/caliche strks</td> <td></td> <td></td> <td></td> </tr> <tr> <td>63</td> <td>82</td> <td>Caliche w/clay lenses</td> <td></td> <td></td> <td></td> </tr> <tr> <td>82</td> <td>86</td> <td>Fine & med sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>86</td> <td>91</td> <td>Caliche</td> <td></td> <td></td> <td></td> </tr> <tr> <td>91</td> <td>106</td> <td>Sandstone w/fine sand strks</td> <td></td> <td></td> <td></td> </tr> <tr> <td>106</td> <td>122</td> <td>Fine sand w/clay strks</td> <td></td> <td></td> <td></td> </tr> <tr> <td>122</td> <td>131</td> <td>Fine sand w/clay lenses</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>										FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS	0	2	Surface	131	144	Fine sand w/clay & caliche strks	2	23	Loess	144	165	Fine & med sand w/clay lenses	23	45	Caliche w/fine sand strks	165	190	Yellow ochre/black shale	45	63	Fine to some med sand w/caliche strks				63	82	Caliche w/clay lenses				82	86	Fine & med sand				86	91	Caliche				91	106	Sandstone w/fine sand strks				106	122	Fine sand w/clay strks				122	131	Fine sand w/clay lenses			
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>constructed</u> , reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/year) 8/23/10 and this record is true to the best of my knowledge and belief.																																																																											
Kansas Water Well Contractor's License No. 554 or 783 This Water Well Record was completed on (mo/day/year) 8/24/10																																																																											
under the business name of Woofter Pump & Well Inc. by (signature) <i>Galen Harper</i>																																																																											
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 .																																																																											