

Form WWC-5Division of Water Resources App. No. **20443**

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number																																																																			
Wichita		$\frac{1}{4}$ SW	$\frac{1}{4}$ SE	$\frac{1}{4}$ SE	15	T	16	S	R 36 <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:																																																																						
286 feet north of old well					Latitude: _____ (in decimal degrees)																																																																						
					Longitude: _____ (in decimal degrees)																																																																						
					Elevation: _____																																																																						
2. WATER WELL OWNER Wht-Crop					Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27																																																																						
RR#, St. Address, Box # 462 N County Rd 5					Collection Method:																																																																						
City, State, ZIP Code Leoti, Ks 67861					<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																																																																						
3 LOCATE WELL WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL																																																																									
<p>N NW — NE SW — SE S -----1 mile-----</p>		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																																																																									
		Domestic <input type="checkbox"/> Feedlot Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below) _____																																																																									
		x 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 151 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.																																																																											
Casing height above land surface 24 in., Weight 16.15 lbs./ft. Wall thickness or gauge No. .500																																																																											
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 151 ft. to 191 ft., From _____ ft. to _____ ft.																																																																											
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.																																																																											
From 20 ft. to 191 ft., From _____ ft. to _____ ft.																																																																											
From _____ ft. to _____ ft., From _____ ft. to _____ ft.																																																																											
6 GROUT MATERIAL: <input 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 Old well																																																																											
Direction from well North Distance from well 286 ft																																																																											
<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>124</td> <td>131</td> <td>Fine sand</td> </tr> <tr> <td>2</td> <td>20</td> <td>Loess</td> <td>131</td> <td>145</td> <td>Fine to some med sand</td> </tr> <tr> <td>20</td> <td>50</td> <td>Clay & caliche</td> <td>145</td> <td>153</td> <td>Clay</td> </tr> <tr> <td>50</td> <td>57</td> <td>Sandstone w/clay & caliche</td> <td>153</td> <td>172</td> <td>Fine to some med sand</td> </tr> <tr> <td>57</td> <td>72</td> <td>Clay & caliche</td> <td>172</td> <td>187</td> <td>Fine to med sand & small gravel</td> </tr> <tr> <td>72</td> <td>80</td> <td>Fine sand</td> <td>187</td> <td>193</td> <td>Yellow ochre</td> </tr> <tr> <td>80</td> <td>81</td> <td>Caliche</td> <td>193</td> <td>191</td> <td>Black shale</td> </tr> <tr> <td>91</td> <td>111</td> <td>Clay & caliche w/a few fine sd strks</td> <td></td> <td></td> <td></td> </tr> <tr> <td>111</td> <td>116</td> <td>Fine sd w/clay & caliche</td> <td></td> <td></td> <td></td> </tr> <tr> <td>116</td> <td>124</td> <td>Sandy clay</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	124	131	Fine sand	2	20	Loess	131	145	Fine to some med sand	20	50	Clay & caliche	145	153	Clay	50	57	Sandstone w/clay & caliche	153	172	Fine to some med sand	57	72	Clay & caliche	172	187	Fine to med sand & small gravel	72	80	Fine sand	187	193	Yellow ochre	80	81	Caliche	193	191	Black shale	91	111	Clay & caliche w/a few fine sd strks				111	116	Fine sd w/clay & caliche				116	124	Sandy clay			
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/year) 3-09-11 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) 3-17-2011																																																																											
under the business name of Woofter Pump & Well Inc. by (signature) <i>Gay C. Woofter</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.																																																																											