

## WATER WELL RECORD

## Form WWC-5

Division of Water Resources App. No. **10500**

<b>1 LOCATION OF WATER WELL:</b>		Fraction		Section Number	Township Number	Range Number
County: <b>Wichita</b>		1/4 SW 1/4 SW 1/4 SW		<b>15</b>	T <b>16</b> S	R <b>36</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>2 WATER WELL OWNER: Whit-Crop</b> RR#, St. Address, Box # : 462 N County Rd 5 City, State, ZIP Code : Leoti, Ks 67861				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>				
<p style="text-align: center;">N W      E SW      SE S -----1 mile-----</p>		<b>196</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 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 checked="" 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 checked="" type="checkbox"/> No				
		If yes, mo/day/yr sample was submitted _____				
<b>5 TYPE OF CASING USED:</b>						
<input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other						
CASING JOINTS: <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded						
Casing diameter <b>16</b> in. to <b>156</b> ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.						
Casing height above land surface <b>24</b> in., Weight <b>16.15</b> lbs./ft. Wall thickness or gauge No. <b>500</b>						
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 <b>156</b> ft. to <b>196</b> ft., From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS:						
From <b>20</b> ft. to <b>196</b> ft., From _____ ft. to _____ ft.						
From _____ ft. to _____ ft., From _____ ft. to _____ ft.						
<b>6 GROUT MATERIAL:</b>						
<input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Cement grout <input type="checkbox"/> Bentonite <input type="checkbox"/> Other						
Grout Intervals From <b>0</b> ft. to <b>20</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						
Direction from well <b>North 280 ft from old well</b> Distance from well _____						
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS	
0	2	Surface	139	145	Clay w/sand strks	
2	10	Loess	145	160	Fine to some med sand	
10	65	Clay & caliche	160	187	Fine to med sand	
65	74	Sandstone	187	193	Yellow ochre	
74	95	Clay & caliche	193	196	Black shale	
95	100	Fine sand w/clay strks				
100	107	Clay w/a few sd strks				
107	114	Sandstone				
114	126	Fine to some med sd w/clay strks				
126	139	Fine to med sand				
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <input type="checkbox"/> constructed, <input checked="" type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/year) <b>3-2-2011</b> and this record is true to the best of my knowledge and belief.						
Kansas Water Well Contractor's License No. <b>554</b> This Water Well Record was completed on (mo/day/year) <b>3-11-2011</b>						
under the business name of <b>Westar Pump &amp; Well Inc</b> by (signature) <i>Ray C. Williams</i>						
<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> .						