

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources App. No.

**2010 0327**

<b>1 LOCATION OF WATER WELL:</b>	Fraction County: <b>Lane</b> NE ¼ NE ¼ NW ¼	Section Number <b>21</b>	Township Number T <b>17</b> S	Range Number R <b>28</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>330 ft from north line—2310 ft from west line</b>		<b>Global Positioning System (GPS) information:</b> 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>2 WATER WELL OWNER: Diane &amp; John Cairns</b> RR#, St. Address, Box # <b>210 Nimitz</b> City, State, ZIP Code <b>Redwood city, CA 94061</b>				

<b>3 LOCATE WELL WITH AN "X" IN SECTION BOX:</b>	<b>4 DEPTH OF COMPLETED WELL</b> <b>160</b> ft.
	Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft.
	WELL'S STATIC WATER LEVEL <b>NA</b> 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 checked="" 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 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:**  Steel  PVC  Other

CASING JOINTS:  Glued  Clamped  Welded  Threaded

Casing diameter **4.5** in. to **120** 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:  
 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 **120** ft. to **160** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

GRAVEL PACK INTERVALS:  
From **20** ft. to **160** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**6 GROUT MATERIAL:**  Neat cement  Cement grout  Bentonite  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:  
 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	96	110	Fine sand w/clay lenses
2	12	Loess	110	155	Fine & med sand w/clay & caliche lenses
12	20	Clay w/caliche strks	155	160	Yellow ochre
20	31	Caliche w/clay lenses			
31	36	Clay & caliche w/fine sand strks			
36	40	Fine sand w/clay & caliche strks			
40	52	Fine & med sand w/caliche strks			
52	56	Caliche & clay w/fine sand strks			
56	72	Fine to some med sand w/caliche strks			
72	96	Fine sand w/clay & caliche strks			

**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) **8/2/10** and this record is true to the best of my knowledge and belief.

Kansas Water Well Contractor's License No. **554 of 783**. This Water Well Record was completed on (mo/day/year) **8-9-10**  
under the business name of **Woofer Pump & Well Inc.** by (signature) *[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>.