

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources App. No. **20100197**

<b>1 LOCATION OF WATER WELL:</b>	Fraction County: <b>Lane</b> ¼ NE ¼ SE ¼ SW ¼	Section Number <b>11</b>	Township Number T <b>18</b> S	Range Number R <b>30</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>1/2 east, 1/2 north, west into from Amy 673 Ft—from south line----2571 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>WATER WELL OWNER: John Sinclair</b> RR#, St. Address, Box # : PO Box 394 City, State, ZIP Code : Cimarron, KS 67835				

<b>3 LOCATE WELL WITH AN "X" IN SECTION BOX:</b>	<b>4 DEPTH OF COMPLETED WELL</b> <b>95</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 **55** 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**

**6 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 **55** ft. to **95** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**GRAVEL PACK INTERVALS:**  
From **20** ft. to **95** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**7 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	83	92	Caliche & sandstone
2	12	Loess	92	113	Yellow ochre
12	30	Clay & caliche	113	120	Black shale
30	50	Caliche & sandstone			
50	55	Fine sand w/caliche str			
55	62	Sandstone			
62	67	Fine sand			
67	73	Fine to med sand			
73	78	Clay & caliche			
78	83	Fine to med sand			

**CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was  constructed,  reconstructed, or  plugged under my jurisdiction and was completed on (mo/day/year) **4/28/10** 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) **5-7-10**  
under the business name of **Woofter Pump & Well Inc.** by (signature) *John Sinclair*

**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>.