

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	¼ SE ¼ SE ¼ SE ¼	13	T 18 S	R 33 <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:		
411 Main St. Scott City, KS 67871		Latitude: _____ (in decimal degrees)		
MW-7		Longitude: _____ (in decimal degrees)		
2 WATER WELL OWNER: Kabredlo's Inc.		Elevation: _____		
RR#, St. Address, Box # : 2601 West L St.		Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27		
City, State, ZIP Code : Lincoln, NE 68522		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		

3 LOCATE WELL WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL
	160 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 type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Domestic-lawn & garden <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No

5 TYPE OF CASING USED: <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 4 in. to 160 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.
Casing height above land surface 0 in., Weight 2.07 lbs./ft. Wall thickness or gauge No. .237
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 130 ft. to 160 ft., From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From 128 ft. to 160 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 checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other
Grout Intervals From 2 ft. to 128 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 Contaminated site
Direction from well _____ Distance from well _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2.5	Gravel and clay top	105	115	Sand, fine to med., w/thin caliche & clay
2.5	6	Fill, medium sand and silt			Beds moderately spaced
6	30	Clay, lean	115	130	Clay, lean w/ caliche nodules
30	38	Clay, lean w/ caliche nodules	130	145	Clay, lean thinly bedded w/ med sand and
38	45	Clay, sandy, lean w/thin caliche beds			Thin caliche layers
45	53	Sand, fine w/thin bedded clay & caliche	145	160	sand, fine to med., silty, w/thin clay layers
53	78	Clay, lean w/ occasional caliche nodules			And occasional caliche beds
78	90	Sand, med to coarse, mod. bedded w/			
		Thin layers of clay & caliche			
90	105	Clay, lean w/ thin caliche nodules			

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) **10/27/09** 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) **10-29-09** under the business name of **Woofter Pump & Well, Inc.** by (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>.