

## WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

3993

<b>LOCATION OF WATER WELL:</b> Wichita		Fraction $\frac{1}{4}$ NW $\frac{1}{4}$ NE $\frac{1}{4}$ NE $\frac{1}{4}$		Section Number 26	Township Number T 18 S	Range Number R 37 E	<input type="checkbox"/> E <input checked="" type="checkbox"/> W																																																																		
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> 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</b> RR#, St. Address, Box # City, State, ZIP Code		Gerald J & Imelda Smith Trusts 310 N. A. St. Marienthal, Ks 67863																																																																							
<b>LOCATE WELL WITH AN "X" IN SECTION BOX:</b> <div style="text-align: center;"> </div>		<b>4 DEPTH OF COMPLETED WELL</b> _____ 165 _____ 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 _____ Water Well Disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																							
<b>TYPE OF CASING USED:</b> <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other _____ <b>CASING JOINTS:</b> <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded Casing diameter _____ 4.5 _____ in. to _____ 145 _____ ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface _____ 18 _____ in., Weight _____ 332 _____ lbs./ft. Wall thickness or gauge No. _____ 5.594 _____																																																																									
<b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b> <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) <b>SCREEN OR PERFORATION OPENINGS ARE:</b> <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) _____ <b>SCREEN-PERFORATED INTERVALS:</b> From _____ 145 _____ ft. to _____ 165 _____ ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft. <b>GRAVEL PACK INTERVALS:</b> From _____ 20 _____ ft. to _____ 165 _____ ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.																																																																									
<b>GROUT MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ Intervals From _____ 0 _____ ft. to _____ 20 _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. Is the nearest source of possible contamination: <input checked="" 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 <input checked="" type="checkbox"/> None Direction from well _____ Distance from well _____																																																																									
<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>76</td> <td>94</td> <td>Fine to med sand w/caliche strks &amp; clay</td> </tr> <tr> <td>2</td> <td>8</td> <td>Loess</td> <td></td> <td></td> <td>Lenses</td> </tr> <tr> <td>8</td> <td>22</td> <td>Caliche w/clay lenses</td> <td>94</td> <td>118</td> <td>Fine to med sand &amp; gravel w/caliche lenses</td> </tr> <tr> <td>22</td> <td>33</td> <td>Fine to med sand w/caliche strks</td> <td>118</td> <td>146</td> <td>Fine to med sand w/clay &amp; caliche lenses</td> </tr> <tr> <td>33</td> <td>40</td> <td>Caliche w/sand strks</td> <td>146</td> <td>154</td> <td>Fine to med sand &amp; small gravel</td> </tr> <tr> <td>40</td> <td>46</td> <td>Caliche</td> <td>154</td> <td>180</td> <td>Yellow ochre/black shale</td> </tr> <tr> <td>46</td> <td>59</td> <td>Fine to med sd w/caliche strks &amp; clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>Lenses</td> <td></td> <td></td> <td></td> </tr> <tr> <td>59</td> <td>67</td> <td>Caliche</td> <td></td> <td></td> <td></td> </tr> <tr> <td>67</td> <td>76</td> <td>Caliche &amp; clay w/sand strks</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	76	94	Fine to med sand w/caliche strks & clay	2	8	Loess			Lenses	8	22	Caliche w/clay lenses	94	118	Fine to med sand & gravel w/caliche lenses	22	33	Fine to med sand w/caliche strks	118	146	Fine to med sand w/clay & caliche lenses	33	40	Caliche w/sand strks	146	154	Fine to med sand & small gravel	40	46	Caliche	154	180	Yellow ochre/black shale	46	59	Fine to med sd w/caliche strks & clay						Lenses				59	67	Caliche				67	76	Caliche & clay w/sand strks			
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS																																																																				
0	2	Surface	76	94	Fine to med sand w/caliche strks & clay																																																																				
2	8	Loess			Lenses																																																																				
8	22	Caliche w/clay lenses	94	118	Fine to med sand & gravel w/caliche lenses																																																																				
22	33	Fine to med sand w/caliche strks	118	146	Fine to med sand w/clay & caliche lenses																																																																				
33	40	Caliche w/sand strks	146	154	Fine to med sand & small gravel																																																																				
40	46	Caliche	154	180	Yellow ochre/black shale																																																																				
46	59	Fine to med sd w/caliche strks & clay																																																																							
		Lenses																																																																							
59	67	Caliche																																																																							
67	76	Caliche & clay w/sand strks																																																																							
<b>CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was constructed, <u>reconstructed</u> , or <input type="checkbox"/> plugged in my jurisdiction and was completed on (mo/day/year) <u>3-18-11</u> and this record is true to the best of my knowledge and belief. I am Water Well Contractor's License No. <u>554</u> This Water Well Record was completed on (mo/day/year) _____ for the business name of <u>Woofter Pump &amp; Well Inc.</u> by (signature) <u>[Signature]</u>																																																																									
<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 Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain 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> .																																																																									