

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No. **39885**

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Wichita		$\frac{1}{4}$ SW $\frac{1}{4}$ NW $\frac{1}{4}$ NE $\frac{1}{4}$	22	T 18 S	R 37 <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:		
2 WATER WELL OWNER: Gary Wilbur RR#, St. Address, Box # 426 W Co Rd 1 City, State, ZIP Code Leoti, KS 67861			Latitude: N 38 28.728 (in decimal degrees)		
			Longitude: W 101 23.698 (in decimal degrees)		
			Elevation: 3349		
			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					
3 LOCATE WELL WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 195 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			
5 TYPE OF CASING USED: <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other _____					
CASING JOINTS: <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded _____					
Casing diameter 8 in. to 155 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					
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 155 ft. to 195 ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS:					
From 20 ft. to 195 ft., From _____ ft. to _____ ft.					
From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL: <input checked="" type="checkbox"/> Neat cement Cement grout <input type="checkbox"/> Bentonite <input type="checkbox"/> 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:					
<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 None					
Direction from well _____ Distance from well _____					
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	Surface	157	161	Sandy clay
2	15	Loess	161	168	Fine to med sand
15	26	Cemented sand	168	169.5	Clay
26	37	Caliche & cemented sand (hard str)	169.5	178	Fine to med sand & some gravel w/clay lens
37	68	Sandstone & caliche	178	179	Sandy clay
68	107	Caliche & clay	179	184	Fine sand w/some med w/ clay str
107	112	Fine to some med sand	184	189	Fine to med sand & gravel w/clay lenses
112	134	Clay w/a few sand str	189	200	Yellow ochre
134	150	Fine to some med sand			
150	157	Fine to med sand			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/year) 3/15/12 and this record is true to the best of my knowledge and belief.					
Kansas Water Well Contractor's License No. 554 . This Water Well Record was completed on (mo/day/year) 3/21/12					
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 .					