

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No. **MW 7 UD**

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number																																																																			
County: Barton		$\frac{1}{4}$ NE $\frac{1}{4}$ NE $\frac{1}{4}$ NE $\frac{1}{4}$		3		T 20 S		R 14 ☐ E XW																																																																			
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐ .				Global Positioning System (GPS) information:																																																																							
2 WATER WELL OWNER: EPA Region 7 RR#, St. Address, Box # : 901 North 5 th St City, State, ZIP Code : Ks City, Ks 66101				Latitude: _____ (in decimal degrees)																																																																							
				Longitude: _____ (in decimal degrees)																																																																							
				Elevation: _____																																																																							
				Datum: ☒ WGS 84, ☐ NAD 83, ☐ NAD 27																																																																							
3 LOCATE WELL WITH AN "X" IN SECTION BOX: 				Collection Method:																																																																							
				☒ GPS unit (Make/Model: <u>Garmin 60SCx</u>)																																																																							
				☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey																																																																							
				Est. Accuracy: ☒ <3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ >15 m																																																																							
4 DEPTH OF COMPLETED WELL _____ 100 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: ☐ Public water supply ☐ Geothermal ☐ Injection well ☐ Domestic ☐ Feedlot ☐ Oil field water supply ☐ Dewatering ☐ Other (Specify below) ☐ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☒ Monitoring well MW-7 UD Was a chemical/bacteriological sample submitted to Department? ☐ Yes ☒ No If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? ☐ Yes ☒ No																																																																											
5 TYPE OF CASING USED: ☐ Steel ☒ PVC ☐ Other CASING JOINTS: ☐ Glued ☐ Clamped ☐ Welded ☒ Threaded Casing diameter <u>2</u> in. to <u>75</u> ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface <u>0</u> in., Weight <u>.716</u> lbs./ft. Wall thickness or gauge No. <u>.154</u> 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 <u>75</u> ft. to <u>100</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>73</u> ft. to <u>100</u> 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 <u>0</u> ft. to <u>.5</u> ft. From <u>.5</u> ft. to <u>73</u> 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 Contaminated site 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></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td>6</td> <td>Loess</td> <td></td> <td></td> <td></td> </tr> <tr> <td>6</td> <td>23</td> <td>fine to med sd & med gravel w/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>23</td> <td>35</td> <td>Fine to med sd & med gravel w/clay strk</td> <td></td> <td></td> <td></td> </tr> <tr> <td>35</td> <td>43</td> <td>Clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>43</td> <td>93</td> <td>Fine to med sd & med gravel w/clay strk</td> <td></td> <td></td> <td></td> </tr> <tr> <td>93</td> <td>100</td> <td>Clay w/sd strks</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></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				2	6	Loess				6	23	fine to med sd & med gravel w/clay						Lenses				23	35	Fine to med sd & med gravel w/clay strk				35	43	Clay				43	93	Fine to med sd & med gravel w/clay strk				93	100	Clay w/sd strks															
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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) <u>07-01-10</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>554 or 783</u> . This Water Well Record was completed on (mo/day/year) <u>7-16-10</u> under the business name of <u>Woofert Pump & Well Inc.</u> 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 .																																																																											