

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: Haskell		¼ NW ¼ SW ¼ SE ¼		31	T 29 S	R 32 <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:		
1892 North Hwy 83 Sublette, KS MW-1				Latitude: _____ (in decimal degrees)		
				Longitude: _____ (in decimal degrees)		
				Elevation: _____		
2 WATER WELL OWNER: Crop Production Services				Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27		
RR#, St. Address, Box # : 7251 W 4 th St				Collection Method: _____		
City, State, ZIP Code : Greeley, CO 80634				<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				
		_____ 385 _____ 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 355 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 355 ft. to 385 ft., From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS: From 352 ft. to 385 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 type="checkbox"/> Bentonite <input type="checkbox"/> Other _____						
Grout Intervals From 0 ft. to 348 ft. From 348 ft. to 352 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	Surface	143	160	Fine to Med Sand & Small gravel with	
2	14	Sandy Clay			Clay Strks	
14	35	Sandy Clay with Clay & Caliche Lens	160	178	Fine Sand and Sandy Clay with Clay Strks	
35	50	Clay & Sandy Clay with Caliche Lens			And Caliche Lens	
50	65	Clay & Caliche with Sandy Clay Strks	178	200	Fine to Med Sand with Clay Lens	
65	89	Sandy Clay and Clay with Caliche Lens	200	245	Fine to Med Sand w/ Clay & Caliche Lens	
89	106	Fine to Med Sand w/ Sandy Clay & Clay	245	270	Fine Sand and Sandy Clay with Clay Strks	
		Strks	270	330	Grey Shale	
106	125	Fine Sand w/ Sandy Clay & Caliche lens	330	385	Fine to Some Med Sand w/ Grey Shale Strks	
125	143	Fine to Med Sand w/ Clay Strks				
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/year) 6-15-10 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) _____						
under the business name of Woofert 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 .						