

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

LOCATION OF WATER WELL: Norton	Fraction $\frac{1}{4}$ SW $\frac{1}{4}$ SE $\frac{1}{4}$ SW $\frac{1}{4}$	Section Number 16	Township Number T 2 S	Range Number R 24 <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"/> <i>From Norton - 6 west - 3 north - 1 3/4 west</i>		Global Positioning System (GPS) information: 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		
WATER WELL OWNER Ivan Bohl RR#, St. Address, Box # 8285 Road J City, State, ZIP Code Norton, Ks, 67654 <i>Drilled 5 days</i>				

LOCATE WELL WITH AN "X" IN SECTION BOX:	<p>4 DEPTH OF COMPLETED WELL 200 ft.</p> <p>Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft.</p> <p>WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr</p> <p>Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm</p> <p>EST. YIELD _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm</p> <p>WELL WATER TO BE USED AS: <input type="checkbox"/> Public water supply <input checked="" type="checkbox"/> Geothermal <input type="checkbox"/> Injection well <input type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Domestic-lawn & garden <input type="checkbox"/> Monitoring well <input type="checkbox"/> Other (Specify below) _____</p> <p>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 _____</p> <p>Water Well Disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p style="text-align: center;">N NW NE SW SE S</p> <p style="text-align: center;">-----1 mile-----</p>	

TYPE OF CASING USED: Steel PVC Other **HDPE**

CASING JOINTS: Glued Clamped Welded Threaded

Casing diameter $\frac{3}{4}$ in. to 200 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.

Casing height above land surface _____ in., Weight **Dr 11** lbs./ft. Wall thickness or gauge No. **0.095**

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 _____ ft. to _____ ft., From _____ ft. to _____ ft.
From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS:
From _____ ft. to _____ ft., From _____ ft. to _____ ft.
From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GROUT MATERIAL: Neat cement Cement grout Bentonite Other **Bentonite slurry w/high sand content**

Grout Intervals From **5** ft. to **200** ft. From _____ ft. to _____ 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 **None**

Direction from well _____ Distance from well _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	Surface	200		Yellow ochre
2	23	Loess			
23	109	Clay w/caliche w/traces of sand			
109	144	Clay & caliche w/sandstone strks			
144	180	Fine to med sand w/clay strks			
180	183	Sandstone			
183	195	Fine to med sand & small gravel w/clay			
		Lenses			
195	200	fine to some med sd w/clay & caliche strks			

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) **09/20/2011** 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) **10/13/2011**

under the business name of **Woofter Pump & Well Inc.** by (signature) *Jay L. Woofter*

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>.