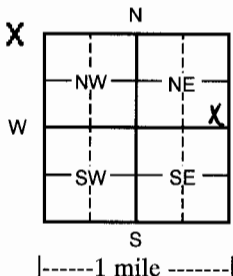


**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources App. No.  

<b>1 LOCATION OF WATER WELL:</b> County: <u>Cherokee</u>	Fraction <u>¼ SE ¼ SE ¼ NE ¼</u>	Section Number <u>16</u>	Township Number T <u>2</u> S	Range Number R <u>37</u> <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"/> <u>7 north - 5 west of McDonald</u>		<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>2 WATER WELL OWNER:</b> <u>Gene Mears</u> RR#, St. Address, Box # : <u>2415 Road 33</u> City, State, ZIP Code : <u>McDonald, KS 67745</u>				

<b>3 LOCATE WELL WITH AN "X" IN SECTION BOX:</b> 	<b>4 DEPTH OF COMPLETED WELL</b> Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL <u>183</u> 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 checked="" 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 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
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**5 TYPE OF CASING USED:**  Steel  PVC  Other

**CASING JOINTS:**  Glued  Clamped  Welded  Threaded

Casing diameter 4.5 in. to 210 ft., Diameter \_\_\_\_\_ in. to \_\_\_\_\_ ft., Diameter \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
Casing height above land surface 18 in., Weight 2.38 lbs./ft. Wall thickness or gauge No. 248

**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 210 ft. to 250 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**GRAVEL PACK INTERVALS:** From 20 ft. to 250 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 0 ft. to 20 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	211	223	Fine & med sand w/caliche strks & clay lenses
2	32	Loess	223	245	Caliche & clay w/sand strks
32	54	Clay	245	255	Yellow ochre
54	91	Clay w/caliche strks			
91	109	Caliche w/clay strks			
109	118	Caliche w/sand strks & clay lenses			
118	152	Clay & caliche w/sand lenses			
152	174	Clay & caliche w/sand strks			
174	200	Fine sand w/clay & caliche strks			
200	211	Fine to some med sand w/caliche strks & clay lense			

**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) 7/15/09 and this record is true to the best of my knowledge and belief.  
Kansas Water Well Contractor's License No. 554 of 783. This Water Well Record was completed on (mo/day/year) 9-18-09  
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>.