

# WATER WELL RECORD

## Form WWC-5

 Division of Water Resources App. No.  

<b>1 LOCATION OF WATER WELL:</b>	Fraction County: <b>Seward</b> NW ¼    NW ¼    NW ¼    NW ¼	Section Number <b>4</b>	Township Number T <b>35</b> S	Range Number R <b>33</b> <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"/> .		<b>Global Positioning System (GPS) information:</b>		
<b>3 East Railroad St., Liberal, Kansas</b>		Latitude: _____ (in decimal degrees)		
<b>2 WATER WELL OWNER: KDHE T &amp; M</b>		Longitude: _____ (in decimal degrees)		
RR#, St. Address, Box # : 1000 SW Jackson		Elevation: _____		
City, State, ZIP Code : Topeka, Kansas		Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27		
		<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>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 <b>NA</b> 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 <b>MW-1</b>	
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	

<b>5 TYPE OF CASING USED:</b> <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 <b>4</b> in. to <b>150</b> ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.	
Casing height above land surface <b>0</b> in., Weight <b>2.07</b> lbs./ft. Wall thickness or gauge No. <b>.237</b>	
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 <b>150</b> ft. to <b>180</b> ft., From _____ ft. to _____ ft.	
From _____ ft. to _____ ft., From _____ ft. to _____ ft.	
GRAVEL PACK INTERVALS:	
From <b>148</b> ft. to <b>180</b> ft., From _____ ft. to _____ ft.	
From _____ ft. to _____ ft., From _____ ft. to _____ ft.	

<b>6 GROUT MATERIAL:</b> <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other	
Grout Intervals    From <b>0</b> ft. to <b>2</b> ft. From <b>2</b> ft. to <b>148</b> 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 <b>Contaminated site</b>	
Direction from well _____    Distance from well _____	

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	Surface	120	126	Sandy clay w/clay & caliche
2	13	Sandy Clay w/clay strks	126	169	Clay & caliche w/sandy clay strks
13	34	Sandy clay w/clay strks & caliche lenses	169	180	Fine sand & sandy clay w/caliche strks
34	49	Clay w/caliche strks			
49	57	Sandy clay w/clay & caliche strks			
57	65	Clay & caliche w/sandy clay strks			
65	74	Sandy clay w/clay & caliche strks			
74	86	Clay & caliche w/sandy clay strks			
86	109	Sandy clay w/clay & caliche strks			
109	120	Clay w/caliche lenses			

<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> 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) <b>5/25/10</b> and this record is true to the best of my knowledge and belief.	
Kansas Water Well Contractor's License No. <b>554 or 783</b> . This Water Well Record was completed on (mo/day/year) <b>6/15/10</b>	
under the business name of <b>Woofter Pump &amp; Well, Inc</b> by (signature) <i>Jay L. Woofter</i>	

**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 781-296-5522. 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>.