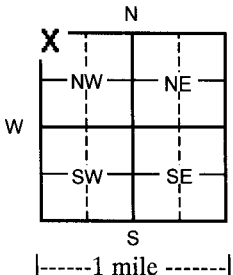


WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

1 LOCATION OF WATER WELL:	Fraction County: Seward NW ¼ NW ¼ NW ¼ NW ¼	Section Number 4	Township Number T 35 S	Range Number R 33 <input type="checkbox"/> E <input 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:		
3 East Railroad St., Liberal, Kansas		Latitude: _____ (in decimal degrees)		
		Longitude: _____ (in decimal degrees)		
		Elevation: _____		
2 WATER WELL OWNER: KDHE T & M		Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27		
RR#, St. Address, Box # : 1000 SW Jackson		<input type="checkbox"/> GPS unit (Make/Model: _____)		
City, State, ZIP Code : Topeka, Kansas		<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 180 ft. Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL NA 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 MW-4 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
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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 150 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 150 ft. to 180 ft., From _____ ft. to _____ ft.
	From _____ ft. to _____ ft., From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS:	From 148 ft. to 180 ft., From _____ ft. to _____ ft.
	From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL:	<input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other
Grout Intervals From 0 ft. to 2 ft. From 2 ft. to 148 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	86	105	Sandy clay w/caliche strks & clay lenses
2	10	Backfill	105	107	Caliche
10	18	Clay	107	148	Clay & sandy clay w/caliche strks
18	33	Sandy clay w/caliche lenses	148	180	Fine sand & sandy clay w/caliche strks
33	36	Sandy clay w/caliche strks			
36	44	Clay & caliche w/sandy clay lenses			
44	47	Sandy clay w/caliche strks & clay lenses			
47	63	Fine sand & sandy clay mix w/clay & Caliche strks			
63	86	Clay & caliche w/sandy 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) 5/25/10 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) 6/15/10
under the business name of Woofter Pump & Well, Inc	by (signature) <i>[Signature]</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 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>.