

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources App. No.  

<b>1 LOCATION OF WATER WELL:</b>		Fraction	Section Number	Township Number	Range Number
County: <b>Seward</b>		<b>NW ¼ NW ¼ NW ¼ NW ¼</b>	<b>4</b>	<b>T 35 S</b>	<b>R 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)		
			Longitude: _____ (in decimal degrees)		
<b>2 WATER WELL OWNER: KDHE T &amp; M</b>			Elevation: _____		
RR#, St. Address, Box # : 1000 SW Jackson			Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27		
City, State, ZIP Code : Topeka, Kansas			<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> <span style="float: right;"><b>180</b> ft.</span>				
	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 <span style="float: right;"><b>MW-8</b></span>					
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 <span style="float: right;"><b>Contaminated site</b></span>					
Direction from well _____ Distance from well _____					
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	Surface	130	142	Clay w/caliche strks
2	10	Backfill	142	164	Clay & caliche w/fine sand lenses
10	18	Clay w/caliche strks	164	180	Clay & caliche w/fine sand strks
18	35	Clay & sandy clay w/caliche strks			
35	50	Clay & caliche w/sandy clay strks			
50	58	Sandy clay & clay w/caliche strks			
58	84	Clay & caliche w/sandy clay strks			
84	103	Clay & caliche w/sandy clay lenses			
103	122	Clay w/caliche lenses			
122	130	Sandy clay & clay w/caliche			
<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>6/1/10</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>[Signature]</i>					
<b>INSTRUCTIONS:</b> 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 <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> .					