

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: Seward		NE ¼ NW ¼ NE ¼ NE ¼		5		T 35 S		R 33 <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"/> .				Global Positioning System (GPS) information:					
124 West 2nd, 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				Collection Method:					
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					
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-7							
		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							
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	6"	Cement	64	83	Clay & caliche w/sandy clay strks				
6"	13	Sandy clay w/clay strks	83	93	Sandy clay w/clay & caliche strks				
13	22	Sandy clay w/clay & caliche strks	93	108	Clay w/caliche strks				
22	33	Fine sand & sandy clay w/clay & caliche lenses	108	114	Clay & caliche w/sandy clay strks				
33	50	Fine sand & sandy clay w/clay & caliche Strks	114	158	Clay w/caliche strks				
			158	171	Clay & caliche w/fine sand lenses				
			171		Clay & caliche w/fine sand strks				
50	56	Clay & caliche w/sandy clay lenses							
56	64	Fine sand & sandy clay w/clay & caliche 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) 6/4/10 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>Jay C. 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 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 .									