

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources; App. No.  

<b>1 LOCATION OF WATER WELL:</b> County: <b>Morton</b>	Fraction <b>NE ¼ NW ¼ SW ¼</b>	Section Number <b>16</b>	Township Number <b>T 35 S</b>	Range Number <b>R 42 E/W</b>
Distance and direction from nearest town or city street address of well if located within city? <b>Marten Ave &amp; Cimмерon Valley Railroad</b>		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: <b>37°00'05.6"</b> Longitude: <b>101°53'34.6"</b> Elevation: _____ Datum: _____ Data Collection Method: _____		

<b>2 WATER WELL OWNER:</b> RR#, St. Address, Box # : <b>Don R0sh</b> City, State, ZIP Code : <b>615 East Cedar Liberal, KS 67901</b>	
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<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> N W E S	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 25%;">NW</td> <td style="width: 25%;">NE</td> <td style="width: 25%;">SE</td> <td style="width: 25%;">SW</td> </tr> <tr> <td></td> <td></td> <td style="font-size: 2em;">X</td> <td></td> </tr> </table>	NW	NE	SE	SW			X	
NW	NE	SE	SW						
		X							
<b>4 DEPTH OF COMPLETED WELL .210..... ft.</b>									
Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL <b>189.6</b> ..... ft. below land surface measured on mo/day/yr <b>08-31-06</b> Pump test data: Well water was.....ft. after..... hours pumping..... gpm Est. Yield. <b>2</b> .....gpm: Well water was.....ft. after..... hours pumping..... gpm WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) <b>10</b> Monitoring well <b>MW26</b> .....									
Was a chemical/bacteriological sample submitted to Department? Yes ..... No <input checked="" type="checkbox"/> ; If yes, mo/day/yr Sample was submitted..... Water well disinfected? Yes ..... No <input checked="" type="checkbox"/>									

<b>5 TYPE OF CASING USED:</b>	5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued..... Clamped.....
1 Steel	3 RMP (SR)	6 Asbestos-Cement	Welded.....
<b>2 PVC</b>	4 ABS	7 Fiberglass	Threaded..... <input checked="" type="checkbox"/>
Blank casing diameter <b>4.5</b> ..... in. to ..... ft., Diameter..... in. to ..... ft., Diameter..... in. to ..... ft.			
Casing height above land surface..... in., Weight <b>2.70</b> .....lbs./ft. Wall thickness or gauge No. <b>Sch 40 PVC</b> .....			
<b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>			
1 Steel	3 Stainless Steel	5 Fiberglass	<b>7 PVC</b>
2 Brass	4 Galvanized Steel	6 Concrete tile	8 RM (SR)
9 ABS 11 Other (Specify).....			
10 Asbestos-Cement 12 None used (open hole)			
<b>SCREEN OR PERFORATION OPENINGS ARE:</b>			
1 Continuous slot	<b>3 Mill slot</b>	5 Guazed wrapped	7 Torch cut
2 Louvered shutter	4 Key punched	6 Wire wrapped	8 Saw Cut
9 Drilled holes 11 None (open hole)			
10 Other (specify).....			
<b>SCREEN-PERFORATED INTERVALS:</b> From <b>180</b> ..... ft. to <b>210</b> ..... ft., From..... ft. to..... ft.			
From..... ft. to..... ft., From..... ft. to..... ft.			
<b>GRAVEL PACK INTERVALS:</b> From <b>176</b> ..... ft. to <b>210</b> ..... ft., From..... ft. to..... ft.			
From..... ft. to..... ft., From..... ft. to..... ft.			

<b>6 GROUT MATERIAL:</b>	1 Neat cement	2 Cement grout	3 Bentonite
	4 Other	Cement.....	
Grout Intervals: From <b>173</b> ..... ft. to <b>2</b> ..... ft., From..... ft. to..... ft., From <b>2.0</b> ..... ft. to <b>0.0</b> ..... ft.			
What is the nearest source of possible contamination:			
1 Septic tank	4 Lateral lines	7 Pit privy	10 Livestock pens
2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer Storage
		13 Insecticide Storage	15 Oil well/gas well
		16 Other (specify below)	
Direction from well? <b>W</b> .....		How many feet? <b>250</b> .....	

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Topsail			
2	30	Sand			
30	40	Silt			
40	72	Sand			
72	80	Silt-Sandy silt			
80	93	Sandy Silt			
93	95	Chalk			
95	120	Silt-Siltstone			
120	170	Sandy Silt			
170	210	Sand - Sandy Silt			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was **(1) constructed** (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) **08-31-06**..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **554**..... This Water Well Record was completed on (mo/day/year) **09-13-06**..... under the business name of **Woofter Pump & Well, Inc.** by (signature) *[Signature]*

**INSTRUCTIONS:** Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies 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. Fee of \$5.00 for each constructed well. Visit us at <http://www.kdhe.state.ks.us/geo/waterwells>.