

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: Fraction **NE 1/4 NW 1/4 SW 1/4** Section Number **16** Township Number **T 35 S** Range Number **R 42 E/W**
 County: **Morton**
 Distance and direction from nearest town or city street address of well if located within city? **Cargil Ag Services & Border Ave** **Global Positioning Systems** (decimal degrees, min. of 4 digits)
 Latitude: **37°00'10.0"**
 Longitude: **101°53'34.4"**

2 WATER WELL OWNER: **Don R0sh**
 RR#, St. Address, Box # : **615 East Cedar**
 City, State, ZIP Code : **Liberal, KS 67901**
 Elevation: _____
 Datum: _____
 Data Collection Method: _____

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N

NW	NE
SW	SE

S

W E

4 DEPTH OF COMPLETED WELL .210..... ft.

Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.
 WELL'S STATIC WATER LEVEL **188.2**..... ft. below land surface measured on mo/day/yr. **09-06-06**
 Pump test data: Well water was.....ft. after..... hours pumping..... gpm
 Est. Yield. **2**.....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) **10** Monitoring well **MW28**.....

Was a chemical/bacteriological sample submitted to Department? Yes No ; If yes, mo/day/yr
 Sample was submitted..... Water well disinfected? Yes No

5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued..... Clamped.....
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded.....
2 PVC 4 ABS 7 Fiberglass Threaded.....

Blank casing diameter **4.5**..... in. to ft., Diameter..... in. to ft., Diameter..... in. to ft.
 Casing height above land surface..... in., Weight **2.70**..... lbs./ft. Wall thickness or gauge No. **Sch 40 PVC**.....

TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless Steel 5 Fiberglass **7 PVC** 9 ABS 11 Other (Specify).....
 2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot **3 Mill slot 0.020** 5 Guazed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)
 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify).....

SCREEN-PERFORATED INTERVALS: From **180**..... ft. to **210**..... ft., From..... ft. to..... ft.
 From..... ft. to..... ft., From..... ft. to..... ft.

GRAVEL PACK INTERVALS: From **175.3**..... ft. to **210**..... ft., From..... ft. to..... ft.
 From..... ft. to..... ft., From..... ft. to..... ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout **3 Bentonite** **4 Other** **Cement**.....
 Grout Intervals: From **175.3**..... ft. to **2**..... ft., From..... ft. to..... ft., From **2.0**..... ft. to **0.0**..... ft.

What is the nearest source of possible contamination:
 1 Septic tank 4 Lateral lines 7 Pit privy **10 Livestock pens** 13 Insecticide Storage 16 Other (specify below)
 2 Sewer lines 5 Cess pool 8 Sewage lagoon **11 Fuel storage** 14 Abandoned water well below)
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well.....

Direction from well? **SW**..... How many feet? **150**.....

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Topsoil & Silt			
2	15	Silt			
15	40	Sand			
40	143	Sandy Silt			
143	145	Sand-Sandstone			
145	157	Sandy Silt			
157	159	Chert silca			
159	176	Sand			
176	190	Siltstone			
190	210	Sand & 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) **09-06-06**..... 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 blank, 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>.