

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources; App. No. [REDACTED]

**1 LOCATION OF WATER WELL:**  
 County: Norton Fraction 1/4 SE 1/4 SW 1/4 Section Number 13 Township Number T 3 S Range Number R 22 E  
 Distance and direction from nearest town or city street address of well if located within city? 7 miles east, 4 miles south 1/4 east of Norton  
**Global Positioning Systems** (decimal degrees, min. of 4 digits)  
 Latitude: \_\_\_\_\_  
 Longitude: \_\_\_\_\_  
 Elevation: \_\_\_\_\_  
 Datum: \_\_\_\_\_  
 Data Collection Method: \_\_\_\_\_

**2 WATER WELL OWNER:** Jon Ooss  
 RR#, St. Address, Box # : 704 N Walnut St  
 City, State, ZIP Code : Stockton, KS 67669

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

--NW--		--NE--
	X	
--SW--		--SE--

 W E  
 S

**4 DEPTH OF COMPLETED WELL** ..... 207 ..... ft.  
 Depth(s) Groundwater Encountered (1) 190 ..... ft. (2) ..... ft. (3) ..... ft.  
 WELL'S STATIC WATER LEVEL 197 ..... ft. below land surface measured on mo/day/yr 6-10-11  
 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:** 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  
 Was a chemical/bacteriological sample submitted to Department? Yes ..... No  .....; If yes, mo/day/yrs Sample was submitted ..... Water well disinfected? Yes  ..... No .....

**5 TYPE OF CASING USED:**  
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) CASING JOINTS: Glued ..... Clamped .....  
 2 PVC 4 ABS 7 Fiberglass ..... Threaded .....  
 Blank casing diameter 5 ..... in. to ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
 Casing height above land surface 36 ..... in., weight ..... lbs./ft. Wall thickness or guage No. 2.00 PST  
**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 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 167 ..... ft. to 207 ..... ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
**GRAVEL PACK INTERVALS:** From 20 ..... ft. to 207 ..... 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 .....  
 Grout Intervals: From 0 ..... ft. to 20 ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... 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  
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil wll/gas well  
 Direction from well? SW ..... How many feet? 400 .....

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	8	Black Dirt			
8	45	Brown clay			
45	85	Brown-gray clay mix			
85	160	gray clay-green clay mix			
160	185	gray clay-silt-sand mix			
185	207	gray clay-medium sand			

**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) 6-12-11 ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 756 ..... This Water Well Recorded was completed on (mo/day/year) 7-4-11 ..... Under the business name of Gallentine Well Service by (signature) Day Hallett

**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.