WATER WELL RECORD Form WWC-5

☑ Original Record ☐ Correction ☐ Change in Well Use

Division of Water Resources App. No. _____ Well ID _____

1 LOCATION OF WATER WELL: County: Norton

Fraction	Section Number	Township Number	Range Number
NE ¼ SE ¼ SW ¼ SW ¼	16	T 3 S	R 23 ☐ E ☑ W

2 WELL OWNER: Last Name: Neill First: Tate & Ther
Business:
Address: 14997 Road W2
Address:
City: Norton State: KS ZIP: 67654

Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: ☐
Road W2 and Road P

3 LOCATE WELL WITH "X" IN SECTION BOX:

N
- - NW - - | - - NE - -
W | E
- - SW - - | - - SE - -
X
S
|----------1 mile---------|

4 DEPTH OF COMPLETED WELL: ….250…. ft.
Depth(s) Groundwater Encountered: 1) …….…..…. ft.
2) …….. ft. 3) …….. ft., or 4) ☐ Dry Well
WELL'S STATIC WATER LEVEL: ……..…… ft.
☐ below land surface, measured on (mo-day-yr)…..…..…
☐ above land surface, measured on (mo-day-yr)……..
Pump test data: Well water was …....…….. ft.
after……. hours pumping …....…….. gpm
Well water was …....…….. ft.
after……. hours pumping …....…….. gpm
Estimated Yield: ……...gpm
Bore Hole Diameter: …5.25… in. to ..…250…. ft. and
…… in. to ……. ft.

5 Latitude: ……39.78556…….(decimal degrees)
Longitude: ……99.92379……..…(decimal degrees)
Datum: ☑ WGS 84 ☐ NAD 83 ☐ NAD 27
Source for Latitude/Longitude:
☐ GPS (unit make/model: ……..……...…...)
(WAAS enabled? ☐ Yes ☐ No)
☐ Land Survey ☐ Topographic Map
☐ Online Mapper: ……..……...

6 Elevation: ..2458……ft. ☑ Ground Level ☐ TOC
Source: ☐ Land Survey ☐ GPS ☐ Topographic Map
☑ Other .KOLAR……..……..

7 WELL WATER TO BE USED AS:

1. Domestic:
☐ Household
☐ Lawn & Garden
☐ Livestock
2. ☐ Irrigation
3. ☐ Feedlot
4. ☐ Industrial
5. ☐ Public Water Supply: well ID .....
6. ☐ Dewatering: how many wells? .....
7. ☐ Aquifer Recharge: well ID …….....
8. ☐ Monitoring: well ID ……..…...…….
9. Environmental Remediation: well ID …….....
☐ Air Sparge ☐ Soil Vapor Extraction
☐ Recovery ☐ Injection
10. ☐ Oil Field Water Supply: lease ……..……..……
11. Test Hole: well ID …….
☐ Cased ☐ Uncased ☐ Geotechnical
12. Geothermal: how many bores? .....4.....
a) Closed Loop ☐ Horizontal ☑ Vertical
b) Open Loop ☐ Surface Discharge ☐ Inj. of Water
13. ☐ Other (specify): ……..……..

Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☑ No If yes, date sample was submitted: …..…….…….....
Water well disinfected? ☐ Yes ☑ No

8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☑ Other .HDPE…….. CASING JOINTS: ☑ Glued ☐ Clamped ☐ Welded ☐ Threaded
Casing diameter ……75…..... in. to …..250…... ft., Diameter …….. in. to …..…….. ft., Diameter ……..….. in. to …..…….. ft.
Casing height above land surface ……0…… in. Weight ……DR11…… lbs./ft. Wall thickness or gauge No. 0.095…….
TYPE OF SCREEN OR PERFORATION MATERIAL:
☐ Steel ☐ Stainless Steel ☐ PVC ☐ Other (Specify) ……..…….……..
☐ Brass ☐ Galvanized Steel ☑ None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:
☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify) …….……
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☑ None (Open Hole)
SCREEN-PERFORATED INTERVALS: From ……..…. ft. to ……..…. ft., From ……..…. ft. to ……..…. ft., From ……..…. ft. to ……..…. ft.
GRAVEL PACK INTERVALS: From ……..…. ft. to ……..…. ft., From ……..…. ft. to ……..…. ft., From ……..…. ft. to ……..…. ft.

9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☐ Bentonite ☑ Other .Bentonite slurry with high sand content……..
Grout Intervals: From ……0…… ft. to …250…… ft., From ……..…. ft. to ……..…. ft., From ……..…. ft. to ……..…. ft.
Nearest source of possible contamination: ☐ No potential source of contamination within 200 ft.
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage
☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well
☑ Other (Specify) .water well……...
Direction from well? ..NE…… Distance from well? ..100…… ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	Surface			
2	10	Loess			
10	23	Clay			
23	71	Calcihe and Fine sand lenses			
71	78	Clay			
78	107	Caliche and Sand streaks			
107	227	Fine sand and caliche and clay lenses	Notes:		
227	247	Fine to some medium sand with clay lense			
247	250	Yellow Ochre			

11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☑ constructed, ☐ reconstructed, or ☐ plugged under my jurisdiction and was completed on (mo-day-year) .11/16/2020….. and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .881…… This Water Well Record was completed on (mo-day-year) .12/3/2020…..…… under the business name of .Woofter Pump & Well, Inc. #881……...

Send one copy to WATER WELL OWNER and retain one for your records. Fee of $5.00 for each constructed well.
KS Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-3565.
Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212