

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources App. No.  

<b>1 LOCATION OF WATER WELL:</b>	Fraction County: <b>Rawlins</b> ¼ SE ¼ SW ¼ SE ¼	Section Number <b>20</b>	Township Number T <b>4</b> S	Range Number R <b>32</b> <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"/> .		<b>Global Positioning System (GPS) information:</b>		
<b>12 miles southeast of Atwood, Kansas</b>		Latitude: _____ (in decimal degrees)		
<b>2 WATER WELL OWNER: Lester Yoos I</b>		Longitude: _____ (in decimal degrees)		
RR#, St. Address, Box # : 718 Court St		Elevation: _____		
City, State, ZIP Code : Grayville, IL 62844		Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27		
		Collection Method: <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:**

N

X	NW	NE	E
W	SW	SE	X
	S		

-----1 mile-----

**4 DEPTH OF COMPLETED WELL** **220** 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:  Public water supply     Geothermal     Injection well

Domestic     Feedlot     Oil field water supply     Dewatering     Other (Specify below)

Irrigation     Industrial     Domestic-lawn & garden     Monitoring well

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:**     Steel     PVC     Other

CASING JOINTS:     Glued     Clamped     Welded     Threaded

Casing diameter **4.5** in. to **180** ft., Diameter \_\_\_\_\_ in. to \_\_\_\_\_ ft., Diameter \_\_\_\_\_ in. to \_\_\_\_\_ ft.

Casing height above land surface **18** in., Weight **2.38** lbs./ft. Wall thickness or gauge No. **.248**

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     None (open hole)

Louvered shutter     Key punched     Wire wrapped     Saw cut     Other (specify) \_\_\_\_\_

SCREEN-PERFORATED INTERVALS:    From **180** ft. to **220** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

GRAVEL PACK INTERVALS:    From **20** ft. to **220** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**6 GROUT MATERIAL:**     Neat cement     Cement grout     Bentonite     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:

Septic tank     Lateral lines     Pit privy     Livestock pens     Insecticide storage     Other (specify below)

Sewer lines     Cesspool     Sewage lagoon     Fuel storage     Abandoned water well

Watertight sewer lines     Seepage pit     Feedyard     Fertilizer storage     Oil well/gas well    **None**

Direction from well \_\_\_\_\_    Distance from well \_\_\_\_\_

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	Surface	96	106	Fine to some med sand w/clay & caliche strk
2	27	Loess	106	119	Caliche & clay w/sand strks
27	35	Clay w/caliche strks	119	135	Fine sand & sandstone w/clay & caliche lenses
35	45	Caliche	135	151	Caliche w/clay strks
45	53	Sandstone w/caliche lenses	151	172	Fine sand & sandstone w/clay & caliche lenses
53	65	Fine & med sand w/caliche strks & clay lenses	172	189	Clay & caliche w/sand lenses
			189	200	Fine to some med sand w/clay & caliche strks
65	67	Caliche	200	212	Fine & med sand w/clay & caliche lenses
67	73	Sandy clay & sand w/clay & caliche strks	212	220	Black shale
73	96	Clay & caliche w/sandy clay strks			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was  constructed,  reconstructed, or  plugged under my jurisdiction and was completed on (mo/day/year) **6/04/09** 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) **6/09/09**

under the business name of **Woofter Pump & Well Inc.**    by (signature) *Jay C. Woofter*

**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>.