

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No. _____

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number																																																																		
County: <u>Norton</u>		$\frac{1}{4}$ NE $\frac{1}{4}$ NE $\frac{1}{4}$ NE $\frac{1}{4}$	<u>31</u>	T <u>5</u> S	R <u>25</u> <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"/> .			Global Positioning System (GPS) information:																																																																				
<u>3 miles west - 1 mile south of New Almaro</u>			Latitude: _____ (in decimal degrees)																																																																				
			Longitude: _____ (in decimal degrees)																																																																				
			Elevation: _____																																																																				
			Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27																																																																				
2 WATER WELL OWNER: <u>Slipke Farms</u>			Collection Method:																																																																				
RR#, St. Address, Box # : <u>Box 47</u>			<input type="checkbox"/> GPS unit (Make/Model: _____)																																																																				
City, State, ZIP Code : <u>Hoxie, Ks 67740</u>			<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:		4 DEPTH OF COMPLETED WELL																																																																					
		_____ 60 _____ ft.																																																																					
		Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft.																																																																					
		WELL'S STATIC WATER LEVEL _____ 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: <input type="checkbox"/> Public water supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Injection well																																																																					
		<input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below)																																																																					
		<input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Domestic-lawn & garden <input type="checkbox"/> Monitoring well																																																																					
		Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																					
		If yes, mo/day/yr sample was submitted _____																																																																					
		Water Well Disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																					
5 TYPE OF CASING USED: <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other _____																																																																							
CASING JOINTS: <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded _____																																																																							
Casing diameter <u>4.5</u> in. to <u>40</u> ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.																																																																							
Casing height above land surface <u>18</u> in., Weight <u>2.38</u> lbs./ft. Wall thickness or gauge No. <u>.248</u>																																																																							
TYPE OF SCREEN OR PERFORATION MATERIAL:																																																																							
<input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) _____																																																																							
<input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> None used (open hole)																																																																							
SCREEN OR PERFORATION OPENINGS ARE:																																																																							
<input type="checkbox"/> Continuous Slot <input type="checkbox"/> Mill slot <input type="checkbox"/> Gauze wrapped <input type="checkbox"/> Torch cut <input type="checkbox"/> Drilled holes <input type="checkbox"/> None (open hole)																																																																							
<input type="checkbox"/> Louvered shutter <input type="checkbox"/> Key punched <input type="checkbox"/> Wire wrapped <input checked="" type="checkbox"/> Saw cut <input type="checkbox"/> Other (specify) _____																																																																							
SCREEN-PERFORATED INTERVALS:																																																																							
		From <u>40</u> ft. to <u>60</u> ft., From _____ ft. to _____ ft.																																																																					
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		From _____ ft. to _____ ft., From _____ ft. to _____ ft.																																																																					
GRAVEL PACK INTERVALS:																																																																							
		From <u>18</u> ft. to <u>60</u> ft., From _____ ft. to _____ ft.																																																																					
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6 GROUT MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____																																																																							
Grout Intervals From <u>0</u> ft. to <u>18</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.																																																																							
What is the nearest source of possible contamination:																																																																							
<input type="checkbox"/> Septic tank <input type="checkbox"/> Lateral lines <input type="checkbox"/> Pit privy <input type="checkbox"/> Livestock pens <input type="checkbox"/> Insecticide storage <input type="checkbox"/> Other (specify below)																																																																							
<input type="checkbox"/> Sewer lines <input type="checkbox"/> Cesspool <input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Fuel storage <input type="checkbox"/> Abandoned water well																																																																							
<input type="checkbox"/> Watertight sewer lines <input type="checkbox"/> Seepage pit <input type="checkbox"/> Feedyard <input type="checkbox"/> Fertilizer storage <input type="checkbox"/> Oil well/gas well <u>None</u>																																																																							
Direction from well _____ Distance from well _____																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>LITHO. LOG (cont.) or PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>2</td> <td>Surface</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td>23</td> <td>Loess</td> <td></td> <td></td> <td></td> </tr> <tr> <td>23</td> <td>33</td> <td>Fine to med sand w/clay strks</td> <td></td> <td></td> <td></td> </tr> <tr> <td>33</td> <td>40</td> <td>Fine to med sd w/traces of clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>40</td> <td>53</td> <td>Fine to med sd & small gravel</td> <td></td> <td></td> <td></td> </tr> <tr> <td>53</td> <td>60</td> <td>Yellow ochre/black shale</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS	0	2	Surface				2	23	Loess				23	33	Fine to med sand w/clay strks				33	40	Fine to med sd w/traces of clay				40	53	Fine to med sd & small gravel				53	60	Yellow ochre/black shale																											
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/year) <u>8-7-09</u> and this record is true to the best of my knowledge and belief.																																																																							
Kansas Water Well Contractor's License No. <u>554 or 783</u> This Water Well Record was completed on (mo/day/year) <u>9-10-09</u>																																																																							
under the business name of <u>Woofter Pump & Well Inc.</u> by (signature) <u>[Signature]</u>																																																																							
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 .																																																																							