

## WATER WELL RECORD

## Form WWC-5

Division of Water Resources App. No. \_\_\_\_\_

<b>LOCATION OF WATER WELL:</b>		Fraction	Section Number	Township Number	Range Number
County: <b>Rawlins</b>		$\frac{1}{4}$ NE $\frac{1}{4}$ NE $\frac{1}{4}$ NW $\frac{1}{4}$	<b>2</b>	T <b>5</b> S	R <b>35</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>		
			Latitude: _____ (in decimal degrees)		
			Longitude: _____ (in decimal degrees)		
			Elevation: _____		
<b>WATER WELL OWNER: Dewey Ranch</b>			Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27		
RR#, St. Address, Box # : % Tom & Otis Dewey			Collection Method:		
City, State, ZIP Code : 9604 Beaver Creek Rd			<input type="checkbox"/> GPS unit (Make/Model: _____)		
McDonald, Ks 67745			<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		

  

<b>LOCATE WELL WITH AN "X" IN SECTION BOX:</b> 	<b>4 DEPTH OF COMPLETED WELL</b> <b>280</b> 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
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<b>TYPE OF CASING USED:</b> <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other _____	
<b>CASING JOINTS:</b> <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded	
Casing diameter <b>4.5</b> in. to <b>240</b> ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.	
Casing height above land surface <b>18</b> in., Weight <b>2.38</b> lbs./ft. Wall thickness or gauge No. <b>248</b>	
<b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>	
<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)	
<b>SCREEN OR PERFORATION OPENINGS ARE:</b>	
<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) _____	
<b>SCREEN-PERFORATED INTERVALS:</b>	
From <b>240</b> ft. to <b>280</b> ft., From _____ ft. to _____ ft.	
From _____ ft. to _____ ft., From _____ ft. to _____ ft.	
<b>GRAVEL PACK INTERVALS:</b>	
From <b>20</b> ft. to <b>280</b> ft., From _____ ft. to _____ ft.	
From _____ ft. to _____ ft., From _____ ft. to _____ ft.	
<b>ROUT MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____	
Intervals From <b>0</b> ft. to <b>20</b> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.	
What is the nearest source of possible contamination:	
<input checked="" 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 <b>None</b>	
Direction from well _____ Distance from well _____	

  

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	Surface	137	144	Caliche w/sd lenses
2	30	Loess	144	160	Fine to med sd w/caliche & clay strks
30	47	Clay w/caliche	160	166	Caliche & clay w/sd strks
47	53	Clay & caliche w/sand lenses	166	183	Fine to some med sd w/caliche & clay strks
53	73	Fine to some med sd w/clay & caliche strks	183	200	Fine sd w/caliche strks & clay lenses
73	88	Caliche & clay w/sd lenses	200	228	Fine sand
88	98	Fine to med sd w/clay & caliche strks	228	246	Fine sand w/clay & caliche strks
98	106	Caliche w/sd lenses	246	278	Fine sand w/caliche lenses
106	118	Sdstone w/caliche strks	278	290	Yellow ochre/black shale
118	137	Fine to med sd w/caliche strks & clay lenses			

  

<b>CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged	
for my jurisdiction and was completed on (mo/day/year) <b>4-15-10</b> and this record is true to the best of my knowledge and belief.	
Water Well Contractor's License No. <b>554 or 783</b>	This Water Well Record was completed on (mo/day/year) <b>4-16-10</b>
Under the business name of <b>Woofter Pump &amp; Well Inc.</b>	by (signature) <i>Jay L. Woofter</i>

**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 Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain for your records. Include fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>.