

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: **Sheridan** Fraction: **NE 1/4 NW 1/4 SW 1/4** Section Number: **9** Township Number: **T 6 S** Range Number: **R 29 E/W**

Distance and direction from nearest town or city street address of well if located within city? **Hwy 4, Nebraska Ave, Selden, KS**

Global Positioning Systems (decimal degrees, min. of 4 digits)

Latitude: **39.5436 N**

Longitude: **-100.5695 W**

Elevation: _____

Datum: _____

Data Collection Method: _____

2 WATER WELL OWNER: **Home Oil**
RR#, St. Address, Box #: **1629 Hillcrest Rd**
City, State, ZIP Code: **Lawrence, KS 66044**

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

N

W

E

S

4 DEPTH OF COMPLETED WELL **135** ft.

Depth(s) Groundwater Encountered (1) **129.4** ft. (2) _____ ft. (3) _____ ft.

WELL'S STATIC WATER LEVEL **129.4** ft. below land surface measured on mo/day/yr **12-15-06**

Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm

Est. Yield **2.0** 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 **DSVE-10**

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:

1 Steel
2 PVC

5 Wrought Iron
3 RMP (SR)
4 ABS

8 Concrete tile
6 Asbestos-Cement
7 Fiberglass

CASING JOINTS: Glued ☒ Clamped _____
Welded _____
Threaded _____

Blank casing diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.

Casing height above land surface **0.5** in., Weight **2.0** lbs./ft. Wall thickness or gauge No. **Sch 40**

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel
2 Brass
4 Galvanized Steel

3 Stainless Steel
6 Concrete tile
8 RM (SR)

5 Fiberglass
7 PVC
9 ABS
11 Other (Specify) _____
12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot **3** Mill slot **0.0405** 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 **105** ft. to **135** ft., From _____ ft. to _____ ft.

From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **101** ft. to **135** 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 **98** ft. to **1.5** 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 **6 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 well/gas well **former fuel storage**

Direction from well? _____ How many feet? _____ at source

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Fill			
3	30	Silt			
30	40	Sand			
40	60	Sandy Silt			
60	76	Silty Sand			
76	110	Sand			
110	122.5	Sand-Siltstone			
122.5	128	Siltstone			
128	130	Sandstone			
130	135	Siltstone			

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) **12-15-06** and this record is true to the best of my knowledge and belief.

Kansas Water Well Contractor's License No. **554** This Water Well Record was completed on (mo/day/year) **04-05-07**

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

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. Visit us at <http://www.kdhe.state.ks.us/geo/waterwells>.

