

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

1 LOCATION OF WATER WELL:	Fraction County: Sherman ¼ SW ¼ SE ¼ NW ¼	Section Number 33	Township Number T 6 S	Range Number R 38 <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"/> Rd 28 ½ miles west of Edson, 9 ½ miles north, ½ mile west, north into ½ mile		Global Positioning System (GPS) information: 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 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		
2 WATER WELL OWNER: Blake Flanders RR#, St. Address, Box # : 5836 SW Turnberry Ct City, State, ZIP Code : Topeka KS 66614				

3 LOCATE WELL WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL 320 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: <input type="checkbox"/> Public water supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Injection well			
<input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Feedlot 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: Steel PVC Other _____

CASING JOINTS: Glued Clamped Welded Threaded

Casing diameter **4.5** in. to **280** 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 **280** ft. to **320** ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **20** ft. to **320** 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	276	289	Caliche w/sand strks
2	27	Loess	289	314	Fine to some med sand w/clay & caliche lenses
27	74	Clay w/caliche strks	314	320	Yellow ochre/black shale
74	86	Fine to med sand w/caliche lenses			
86	116	Clay & caliche w/sand lenses			
116	142	Fine to some med sand w/clay & caliche strks			
142	172	Fine to med sand w/clay & caliche strks			
172	186	Caliche & clay w/sand strks			
186	223	Fine to some med sand w/clay & caliche strks			
223	276	Fine sand w/caliche lenses			

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) **5/18/10** 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) **5/25/10** under the business name of **Woofter Pump & Well Inc.** by (signature) *Jay P. 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>.