

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: Rooks County	Fraction SW ¼ SW ¼ SE ¼	Section Number 13	Township Number T 7 S	Range Number R 18 E/W
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Distance and direction from nearest town or city street address of well if located within city? **304 Main Street, Stockton Kansas**

Global Positioning Systems (decimal degrees, min. of 4 digits)
 Latitude: _____
 Longitude: _____
 Elevation: _____
 Datum: _____
 Data Collection Method: _____

2 WATER WELL OWNER: Stockton Industrial Dev. Corp.
 RR#, St. Address, Box # : **P.O. Box 511**
 City, State, ZIP Code : **Stockton, KS 67669**

<p>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</p> <p style="text-align: center;">N</p> <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 5px;">-- NW --</td> <td style="border: 1px solid black; padding: 5px;">-- NE --</td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;">-- SW --</td> <td style="border: 1px solid black; padding: 5px;">-- SE --</td> </tr> </table> <p style="text-align: center;">S</p>	-- NW --	-- NE --	-- SW --	-- SE --	<p>4 DEPTH OF COMPLETED WELL ..37..... ft.</p> <p>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</p> <p>WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning <input checked="" type="checkbox"/> Injection well 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering <input checked="" type="checkbox"/> Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well AS-6 (air sparge well)....</p> <p>Was a chemical/bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/>; If yes, mo/day/yr Sample was submitted..... Water well disinfected? Yes No <input checked="" type="checkbox"/></p>
-- NW --	-- NE --				
-- SW --	-- SE --				

5 TYPE OF CASING USED:

1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	CASING JOINTS: Glued..... <input checked="" type="checkbox"/> Clamped.....
2 PVC	4 ABS	7 Fiberglass		Welded.....
				Threaded.....

Blank casing diameter **2**..... in. to **33**..... ft., Diameter **2**..... in. to **35-37**..... ft., Diameter..... in. to..... ft.
 Casing height above land surface **-0.02**..... in., Weight **2.0**..... lbs./ft. Wall thickness or guage No. **Schedule 40**.....

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless Steel	5 Fiberglass	7 PVC	9 ABS	11 Other (Specify).....
2 Brass	4 Galvanized Steel	6 Concrete tile	8 RM (SR)	10 Asbestos-Cement	12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot	3 Mill slot	5 Gauzed 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 **33**..... ft. to **35**..... ft., From..... ft. to..... ft.
 From..... ft. to..... ft., From..... ft. to..... ft.
GRAVEL PACK INTERVALS: From **31**..... ft. to **37**..... 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 **1**..... ft. to **31**..... 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	16 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	

Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Gravel			
1	4	SILT			
4	22	FILL Sand			
22	32	Silty CLAY			
32	35	Clayey SAND			
35	37	Silty CLAY			

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) **11/19/08**..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **554 & 783**... This Water Well Record was completed on (mo/day/year) **12/23/08**..... under the business name of **Woofter Pump & Well** by (signature) *[Signature]*

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>.