

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No. 20090245

1 LOCATION OF WATER WELL: Fraction		Section Number	Township Number	Range Number	
County: Graham ¼ SE ¼ SW ¼ NW ¼		16	T 7 S	R 24 <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:			
		Latitude: _____ (in decimal degrees)			
		Longitude: _____ (in decimal degrees)			
		Elevation: _____			
2 WATER WELL OWNER: John Goddard		Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27			
RR#, St. Address, Box # : 2869 170 th Ave		Collection Method:			
City, State, ZIP Code : Morland, KS 67659		<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			
3 LOCATE WELL WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL <u>205</u> 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			
Domestic <input type="checkbox"/> Feedlot <input checked="" 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>165</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>165</u> ft. to <u>205</u> ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>205</u> ft., From _____ ft. to _____ ft.					
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>20</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 None					
Direction from well _____ Distance from well _____					
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	Surface	140	160	Fine to some med sand w/clay strks
2	23	Loess	160	180	Fine to some med sand w/clay lenses
23	30	Clay w/caliche strks	180	198	Fine & med sand & small gravel
30	34	Clay & caliche w/sand strks	198	210	Yellow ochre/black
34	40	Fine sand w/clay strks & caliche lenses			
40	57	Fine sand w/ clay & caliche strks			
57	76	Caliche & clay w/sand strks			
76	90	Fine to some med san dw/caliche & clay strks			
90	135	Fine & med sand w/clay strks & caliche lenses			
135	140	Clay w/sand lenses			
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>9/17/09</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>9-25-09</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 .					