

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No. 14103

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1 LOCATION OF WATER WELL:	Fraction $\frac{1}{4}$ NW $\frac{1}{4}$ NE $\frac{1}{4}$ SW $\frac{1}{4}$	Section Number 28	Township Number T 7 S	Range Number R 29 E <input checked="" type="checkbox"/> W
County: Sheridan		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"/> .		
2 WATER WELL OWNER: Hoxie Feedyard		Global Positioning System (GPS) information:		
RR#, St. Address, Box # City, State, ZIP Code P. O. Box 65 Hoxie, Ks 67740		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		

3 LOCATE WELL WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL 240 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 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 checked="" 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 16 in. to 180 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.	
Casing height above land surface 24 in., Weight 16.15 lbs./ft. Wall thickness or gauge No. 500	
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 180 ft. to 240 ft., From _____ ft. to _____ ft.	
GRAVEL PACK INTERVALS: From 20 ft. to 240 ft., From _____ ft. to _____ ft.	

6 GROUT MATERIAL: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Cement grout <input type="checkbox"/> Bentonite <input type="checkbox"/> Other	
Grout Intervals From 0 ft. to 20 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	82	100	Fine to med sd & small gravel w/traces
2	20	Loess			Of clay
20	31	Clay	100	109	Fine to some med sd w/clay & cal lenses
31	45	Clay w/caliche lens	109	115	Fine to med sd w/clay & caliche strks
45	53	Clay & caliche w/sand lens	115	121	Clay & caliche w/sand strks
53	60	Fine to some med sd w/clay strks & Caliche lens	121	138	Fine to med sd w/clay & caliche strks
60	68	Fine to med sd w/small grav & clay lens	138	170	Caliche & clay w/fine sd lens(hd strks)
68	82	Fine sd & sdy clay mix w/clay strks & Caliche lens	170	192	Caliche & clay sd strks
			192	200	Fine to some med sd w/clay & cal strks

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) **8-7-09** 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) **8-21-09** under the business name of **Woolfer Pump & Well Inc.** by (signature) _____

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>.

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Form WWC-5

1 LOCATION OF WATER WELL: Fraction $\frac{1}{4}$ NW $\frac{1}{4}$ NE $\frac{1}{4}$ SW $\frac{1}{4}$ Section Number **28** Township Number T **7** S Range Number R **29** E **4W**
 County: **Sheridan**
 Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here

2 WATER WELL OWNER: **Hoxic Feedyard**
 RR#, St. Address, Box #
 City, State, ZIP Code P. O. Box 65
 Hoxic, Ks 67740

3 LOCATE WELL WITH AN "X" IN SECTION BOX:

N	
W	E
NW	NE
SW	SE
S	

|-----1 mile-----|

4 DEPTH OF COMPLETED WELL **240** 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: Public water supply Geothermal Injection well
 Domestic Feedlot Oil field water supply Dewatering Other (Specify below)
 Irrigation Industrial Domestic-lawn & garden Monitoring well
 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: Steel PVC Other
 CASING JOINTS: Glued Clamped Welded Threaded
 Casing diameter **16** in. to **180** ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.
 Casing height above land surface **24** in., Weight **16.15** lbs./ft. Wall thickness or gauge No. **500**
 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 **180** ft. to **240** ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **20** ft. to **240** 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
200	213	Caliche & clay w/fine sd strks			
213	223	Fine to some med sd w/clay & caliche Strks			
223	228	Fine to med sd w/clay lens			
228	234	Fine to med sd & small gravel			
234	240	Yellow ochre			

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