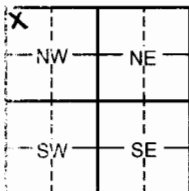


WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
Thomas		$\frac{1}{4}$ NW $\frac{1}{4}$ NW $\frac{1}{4}$ NW $\frac{1}{4}$	4	T 7 S	R 31 E W
Rural Address of Well Location; if unknown, distance & direction			Global Positioning System (GPS) information:		
Nearest town or intersection: If at owner's address, check here <input type="checkbox"/> .			Latitude: _____ (in decimal degrees)		
			Longitude: _____ (in decimal degrees)		
			Elevation: _____		
WATER WELL OWNER: Kevin Wark			Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27		
RR#, St. Address, Box # : 2477 US HWY 24			Collection Method:		
City, State, ZIP Code : Colby, Ks 67701			<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		

LOCATE WELL WITH AN "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL 145 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 checked="" 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 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

TYPE OF CASING USED:	<input type="checkbox"/> Steel	<input checked="" type="checkbox"/> PVC	<input type="checkbox"/> Other
SPACING JOINTS:	<input checked="" type="checkbox"/> Glued	<input type="checkbox"/> Clamped	<input type="checkbox"/> Welded <input type="checkbox"/> Threaded
Inside diameter	4.5 in. to 105 ft., Diameter	in. to _____ ft., Diameter	in. to _____ ft., Diameter
Casing height above land surface	18 in., Weight	2.38 lbs./ft.	Wall thickness or gauge No. .248
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 105 ft. to 145 ft., From _____ ft. to _____ ft.	From _____ ft. to _____ ft., From _____ ft. to _____ ft.	From _____ ft. to _____ ft., From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS:	From 20 ft. to 145 ft., From _____ ft. to _____ ft.	From _____ ft. to _____ ft., From _____ ft. to _____ ft.	From _____ ft. to _____ ft., From _____ ft. to _____ ft.
GROUT MATERIAL:	<input type="checkbox"/> Neat cement	<input type="checkbox"/> Cement grout	<input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other
Grout Intervals	From 0 ft. to 20 ft. From _____ ft. to _____ ft.	From _____ ft. to _____ ft., From _____ ft. to _____ 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	120	133	Fine sand & sandstone w/caliche strks
2	17	Loess	133	138	Fine to med sand w/caliche lenses
17	54	Fine to med sd & small gravel w/clay & cal lenses	138	150	Yellow ochre/black shale
54	56	Caliche			
56	60	Fine to med sd w/caliche strks			
60	73	Fine sd w/clay & caliche strks			
73	78	Fine to med sand w/clay & caliche lenses			
78	87	Caliche & clay w/sand lenses			
87	103	Fine & med sand w/caliche lenses			
103	120	Fine to med sand w/caliche strks			

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) 11-12-09 and this record is true to the best of my knowledge and belief.	
Water Well Contractor's License No. 554 or 783	This Water Well Record was completed on (mo/day/year) 12-1-09
under the business name of Woofter Pump & Well Inc.	by (signature) <i>Garth Woofter</i>

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 Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain for your records. Include fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>.