

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Thomas</u>		$\frac{1}{4}$ <u>ND</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$	<u>25</u>	T <u>7</u> S	R <u>34</u> E
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: _____		
			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: Tom Redmond		4 DEPTH OF COMPLETED WELL <u>240</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 checked="" 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 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
RR#, St. Address, Box #: <u>RR2, Box</u> <u>2805 R 25</u> City, State, ZIP Code: <u>Colby, Ks 67701</u>		

3 LOCATE WELL WITH AN "X" IN SECTION BOX:		5 TYPE OF CASING USED: <input type="checkbox"/> Steel <input type="checkbox"/> PVC <input checked="" type="checkbox"/> <u>Other</u> <input type="checkbox"/> HDPE CASING JOINTS: <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded Casing diameter $\frac{3}{4}$ in. to <u>240</u> ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface _____ in., Weight <u>DR11</u> lbs./ft. Wall thickness or gauge No. <u>.0095</u> TYPE OF SCREEN OR PERFORATION MATERIAL: <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input checked="" 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 type="checkbox"/> Saw cut <input type="checkbox"/> Other (specify) SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.
X N NW NE W E SW SE S -----1 mile-----		

6 GROUT MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Other Bentonite slurry w/high sand content	
Grout Intervals From <u>5</u> ft. to <u>240</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 <u>none</u>	
Direction from well	Distance from well

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	Surface	140	157	Fine & med sand w/caliche strks
2	10	Loess	157	177	Fine sand w/clay & caliche strks
10	57	Clay w/caliche strks	177	183	Caliche
57	75	Fine & med sand w/caliche strks & clay lenses	183	212	Fine sand w/clay strks & caliche lenses
75	82	Fine sand w/clay strks	212	216	Yellow ochre
82	91	Fine sand w/clay & caliche lenses	216	249	Black shale
91	107	Clay & caliche w/fine sand lenses			
107	116	Fine sand w/clay strks & caliche lenses			
116	134	Fine to med sd w/clay & caliche lenses			
134	140	Fine to med sd & small gravel			

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>4-5-10</u> and this record is true to the best of my knowledge and belief.	
Kansas Water Well Contractor's License No. <u>5540r783</u>	This Water Well Record was completed on (mo/day/year) <u>4-16-10</u>
under the business name of <u>Woofter Pump & Well Inc.</u>	by (signature) <u>Gay C. Woofter</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>.