

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No. **47706**

LOCATION OF WATER WELL: County: Sheridan	Fraction ¼ SE ¼ NW ¼ NE ¼	Section Number 9	Township Number T 8 S	Range Number R 27 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here .

Global Positioning System (GPS) information:
 Latitude: _____ (in decimal degrees)
 Longitude: _____ (in decimal degrees)
 Elevation: _____
 Datum: WGS 84, NAD 83, NAD 27
 Collection Method:
 GPS unit (Make/Model: _____)
 Digital Map/Photo, Topographic Map, Land Survey
 Est. Accuracy: <3 m, 3-5 m, 5-15 m, >15 m

2 WATER WELL OWNER: David Niermeier
 RR#, St. Address, Box # **1552 E Rd 40 N**
 City, State, ZIP Code **Hoxie, Ks 67740**

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

4 DEPTH OF COMPLETED WELL **197** ft.
 Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft.
 WELL'S STATIC WATER LEVEL **110** 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 **137** 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 **137** ft. to **197** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS:
 From **20** ft. to **197** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ 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
0	2	Surface	90	94	Sandstone & caliche (hard)
2	22	Loess	94	107	Fine sand & sand stone w/clay & caliche
22	28	Fine to med sd w/clay & caliche lenses	107	111	Fine to some med sd w/clay & cal strks
28	37	Fine sd & sdy clay w/clay & cal lenses	111	120	Fine sd w/clay & caliche strks
37	43	Clay & caliche w/sandy clay strks	120	126	Sandstone & caliche (hard)
43	69	Sandy clay w/clay & caliche strks	126	129	Fine to some med sd w/clay & cal strks
69	71	Caliche	129	138	Fine sd & sandy clay w/clay strks
71	76	Fine & med sand w/clay lenses	138	154	Clay & caliche w/fine sand sand strks
76	80	Fine & med sd w/clay strks	154	174	Fine to some med sand w/clay strks
80	90	Fine sd w/clay & caliche strks			Continued to pg 2 of 2

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) _____ and this record is true to the best of my knowledge and belief.
 Kansas Water Well Contractor's License No. **554**. This Water Well Record was completed on (mo/day/year) **7-21-11**
 under the business name of **Woofter Pump & Well Inc.** by (signature) *Jay C. Woofter*

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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 Direction from well _____ Distance from well _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
174	191	Fine & med sand to small gravel w/clay			
		Lenses			
191	196	Fine to med sand w/yellow ochre			
196	197	Black shale			

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