

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No. 20090358

1 LOCATION OF WATER WELL:	Fraction County: Sheridan ¼ NW ¼ NE ¼ SW ¼	Section Number 32	Township Number T 8 S	Range Number R 28 <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: _____ 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: Kay Clark, R. Meckel, M. Meckel RR#, St. Address, Box # : 939 N Valleyview St City, State, ZIP Code : Wichita, KS 67212				

3 LOCATE WELL WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL 155 ft.
	Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft.
	WELL'S STATIC WATER LEVEL NA 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: Steel PVC Other _____

CASING JOINTS: Glued Clamped Welded Threaded

Casing diameter **4.5** in. to **115** ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.

Casing height above land surface **18** in., Weight **2.38** lbs./ft. Wall thickness or gauge No. **248**

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 **115** ft. to **155** ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS:

From **20** ft. to **155** 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	115	123	Clay & caliche w/sand lenses
2	17	Loess	123	130	Clay w/sand strks
17	28	Clay	130	140	Clay w/caliche strks
28	40	Clay w/caliche lenses	140	148	Fine sand w/clay strks
40	63	Fine & med sand & small gravel w/clay & caliche	148	155	Yellow ochre/black shale
		Lenses			
63	81	Clay w/fine sand strks			
81	102	Fone to some med sand w/clay & caliche strks			
102	106	Caliche			
106	115	Caliche w/sand 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) **11/25/09** 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) _____ under the business name of **Woofter Pump & Well Inc.** by (signature) *D. Yates*

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>.