

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

1 LOCATION OF WATER WELL: County: Sheridan	Fraction ¼ NW ¼ NE ¼ SW ¼	Section Number 15	Township No. 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 checked="" type="checkbox"/> 1800' from W line, 2344' from S line		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: Kory Taylor RR#, Street Address, Box #: 1532 15th St City, State, ZIP Code : Hoxie, KS 67740				

3 LOCATE WELL WITH AN "X" IN SECTION BOX: N W E S -----1 mile-----	4 DEPTH OF COMPLETED WELL 180 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 Bore Hole Diameter 8.5..... in. to 180..... ft., and..... in. to..... ft. 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 type="checkbox"/> No If yes, mo/day/yr sample was submitted..... Water well disinfected? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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5 TYPE OF CASING USED: Steel PVC Other

CASING JOINTS: Glued Clamped Welded Threaded
Casing diameter 4.5..... in. to 180..... ft.; Diameter..... in. to..... ft., Diameter..... in. to..... ft.
Casing height above land surface 18..... in., Weight 2.5..... lbs./ft., Wall thickness or gauge No. 0.248.....

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 140..... ft. to 180..... ft., From..... ft. to..... ft.
GRAVEL PACK INTERVALS: From 20..... ft. to 180..... 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

Direction from well Distance from well

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	Surface	132	136	Clay
2	20	Loess	136	140	Fine to some med sand
20	35	Clay	140	154	Clay
35	47	Fine sand	154	161	Fine sand w/ clay
47	65	Fine to med sand	161	170	Clay
65	82	Fine to med sand & gravel w/ clay lens	170	176	Fine to med sand
			176	180	Black shale
82	88	Clay			
88	100	Fine to some med sand			
100	132	Fine to med sand & gravel str			

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) 3/16/13..... and this record is true to the best of my knowledge and belief.
Kansas Water Well Contractor's License No. 838..... This Water Well Record was completed on (mo/day/year) 4/20/13.....
under the business name of D&R Pump Service, LLC..... by (signature) *D. Smith*

INSTRUCTIONS: Use tyewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. 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: 785-296-5524. Send one copy 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>.