

**WATER WELL RECORD Form WWC-5** 1315905

Original Record  Correction  Change in Well Use

Division of Water Resources App. No. [ ]

Well ID [ ]

**1 LOCATION OF WATER WELL:**

County:

Fraction  
1/4 1/4 1/4 1/4

Section Number

Township Number  
T S

Range Number  
R [ ] E [ ] W

**2 WELL OWNER:** Last Name:

First:

Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:

Business:

Address:

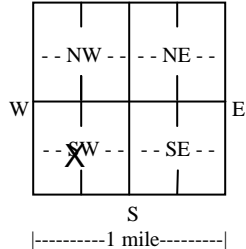
Address:

City:

State:

ZIP:

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



**4 DEPTH OF COMPLETED WELL:** ..... ft.

Depth(s) Groundwater Encountered: 1) ..... ft.  
2) ..... ft. 3) ..... ft., or 4)  Dry Well  
WELL'S STATIC WATER LEVEL: ..... ft.  
 below land surface, measured on (mo-day-yr) .....  
 above land surface, measured on (mo-day-yr) .....  
Pump test data: Well water was ..... ft.  
after ..... hours pumping ..... gpm  
Well water was ..... ft.  
after ..... hours pumping ..... gpm  
Estimated Yield: ..... gpm  
Bore Hole Diameter: ..... in. to ..... ft. and  
..... in. to ..... ft.

**5 Latitude:** ..... (decimal degrees)

**Longitude:** ..... (decimal degrees)  
Datum:  WGS 84  NAD 83  NAD 27  
**Source for Latitude/Longitude:**  
 GPS (unit make/model: .....)  
(WAAS enabled?  Yes  No)  
 Land Survey  Topographic Map  
 Online Mapper: .....

**6 Elevation:** ..... ft.  Ground Level  TOC

**Source:**  Land Survey  GPS  Topographic Map  
 Other .....

**7 WELL WATER TO BE USED AS:**

- |                                        |                                                                                    |                                                                                                       |
|----------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| 1. Domestic:                           | 5. <input type="checkbox"/> Public Water Supply: well ID .....                     | 10. <input type="checkbox"/> Oil Field Water Supply: lease .....                                      |
| <input type="checkbox"/> Household     | 6. <input type="checkbox"/> Dewatering: how many wells? .....                      | 11. Test Hole: well ID .....                                                                          |
| <input type="checkbox"/> Lawn & Garden | 7. <input type="checkbox"/> Aquifer Recharge: well ID .....                        | <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical |
| <input type="checkbox"/> Livestock     | 8. <input type="checkbox"/> Monitoring: well ID .....                              | 12. Geothermal: how many bores? .....                                                                 |
| 2. <input type="checkbox"/> Irrigation | 9. Environmental Remediation: well ID .....                                        | a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical                  |
| 3. <input type="checkbox"/> Feedlot    | <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction | b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water        |
| 4. <input type="checkbox"/> Industrial | <input type="checkbox"/> Recovery <input type="checkbox"/> Injection               | 13. <input type="checkbox"/> Other (specify): .....                                                   |

Was a chemical/bacteriological sample submitted to KDHE?  Yes  No If yes, date sample was submitted: .....

Water well disinfected?  Yes  No

**8 TYPE OF CASING USED:**  Steel  PVC  Other ..... CASING JOINTS:  Glued  Clamped  Welded  Threaded

Casing diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
Casing height above land surface ..... in. Weight ..... lbs./ft. Wall thickness or gauge No. ....

**TYPE OF SCREEN OR PERFORATION MATERIAL:**

- |                                |                                           |                                        |                                                |                                                |
|--------------------------------|-------------------------------------------|----------------------------------------|------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Steel | <input type="checkbox"/> Stainless Steel  | <input type="checkbox"/> Fiberglass    | <input type="checkbox"/> PVC                   | <input type="checkbox"/> Other (Specify) ..... |
| <input type="checkbox"/> Brass | <input type="checkbox"/> Galvanized Steel | <input type="checkbox"/> Concrete tile | <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"/> Other (Specify) ..... |
| <input type="checkbox"/> Louvered Shutter | <input type="checkbox"/> Key Punched | <input type="checkbox"/> Wire Wrapped  | <input type="checkbox"/> Saw Cut   | <input type="checkbox"/> None (Open Hole) |                                                |

SCREEN-PERFORATED INTERVALS: 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.

**9 GROUT MATERIAL:**  Neat cement  Cement grout  Bentonite  Other .....

Grout Intervals: From ..... ft. to ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**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"/> Sewer Lines            | <input type="checkbox"/> Cess Pool     | <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    |
| <input type="checkbox"/> Other (Specify) .....  |                                        |                                        |                                             |                                               |

Direction from well? ..... Distance from well? ..... ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
				<b>Notes:</b>	

**11 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. .... This Water Well Record was completed on (mo-day-year) ..... under the business name of .....

Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.

KS Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-3565.

Visit us at <http://www.kdheks.gov/waterwell/index.html>

KSA 82a-1212

Form	WWC5
Contractor	Woofter Pump and Well, Inc.
Well Owner	
Doc ID	1315905

#### Litholgy

From	To	LithologicLog
0	2	surface
2	20	loess
20	25	med sand
25	35	sandy clay & caliche
35	41	med sand & gravel w/clay layers
41	52	fine to me dsand w/clay
52	54	calu=iche & cemented sand, tight
54	58	cemented sand w/fine & clay, tight
58	62	fine to med sand w/clay
62	67	fine to med sand w/tught cemented sand strks
67	75	hard cemented sand w/med sand strks
75	82	sandy clay & caliche w/a few sand strks
82	87	med sand & gravel loose
87	95	caliche & clay w/some sand , fairly hard
95	101	fine to med sand w/clay & caliche layers
101	104	sandy clay, caliche & some sand
104	115	fine sand & clay
115	122	med and & gravel w/clay lenses

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Litholgy

From	To	LithologicLog
122	128	cemented sand, caliche clay & some sand
128	138	med and & gravel w/clay lenses
138	139	cemented sand
139	141	med and & gravel w/clay lenses
141	144	fine sand & clay
144	155	sticky clay
155	160	fine to med dand w/clay lenses
160	163	sticky clay
163	167	fine to med sand
167	170	sandy clay w/spme sand
170	178	med sand & gravel
178	184	ochre & shale