

WATER WELL RECORD

Form WWC-5

1 LOCATION OF WATER WELL: Fraction 1/4 NE 1/4 SE 1/4 NE 1/4 Section Number 19 Township Number T 8 S Range Number R 29 E W
 County: Sheridan
 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: Wilfred Reinert
 RR#, St. Address, Box # : Rt 2
 City, State, ZIP Code : Hoxie, Ks 67740

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

N	
X NW	NE X
W	E
SW	SE
S	

-----1 mile-----

4 DEPTH OF COMPLETED WELL 260 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: 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 4.5 in. to 220 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 220 ft. to 260 ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 20 ft. to 260 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	93	100	Fine to some med sd w/clay strks
2	20	Loess	100	113	Clay & caliche w/fine sand strks
20	28	Cclay w/caliche lenses	113	125	Fine sand w/clay strks & caliche lenses
28	43	Clay w/caliche strks	125	135	Clay & caliche w/fine sand lenses
43	66	Fine to med sd w/clay strks & caliche	135	144	Caliche w/clay lenses & fine sd lenses
		Lenses	144	155	Fine sand w/clay strks & cal. Lenses
66	75	Fine to some med sd w/clay & caliche	155	167	Clay w/caliche strks & sd lenses
		Strks	167	175	Fine to some med sd w/clay & cal strks
75	82	Clay & caliche w/sand strks	175	203	Clay & caliche w/sand lenses
82	93	Fine sand & sandy clay w/clay & caliche			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) 5-20-08 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) 6-8-09
 under the business name of Woofter Pump & Well Inc. by (signature) Jay C. Woofter

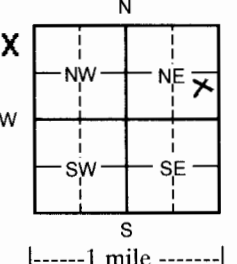
INSTRUCTIONS: Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and 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
203	220	Fine to med sd w/clay strks & caliche			
		Lenses			
220	253	Fine to some med sand w/clay strks			
253	260	Yellow ochre			

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