

## WATER WELL RECORD

## Form WWC-5

Division of Water Resources App. No. \_\_\_\_\_

<b>LOCATION OF WATER WELL:</b> Thomas		Fraction $\frac{1}{4}$ NE $\frac{1}{4}$ NE $\frac{1}{4}$ NE $\frac{1}{4}$	Section Number 34	Township Number T 8 S	Range Number R 33 E
Rural Address of Well Location; if unknown, distance & direction 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		
WATER WELL OWNER Craig Hills R#, St. Address, Box # 860 Sunset Dr City, State, ZIP Code Colby, Ks 67701					

<b>LOCATE WELL WITH AN "X" IN SECTION BOX:</b> 	<b>4 DEPTH OF COMPLETED WELL</b> 230 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: <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) _____ 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
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<b>TYPE OF CASING USED:</b> <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other _____ <b>CASING JOINTS:</b> <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded Casing diameter 5 in. to 230 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 <b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b> <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> None used (open hole) <b>SCREEN OR PERFORATION OPENINGS ARE:</b> <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"/> None (open hole) <input type="checkbox"/> Louvered shutter <input type="checkbox"/> Key punched <input type="checkbox"/> Wire wrapped <input checked="" type="checkbox"/> Saw cut <input type="checkbox"/> Other (specify) _____ <b>NON-PERFORATED INTERVALS:</b> From 190 ft. to 230 ft., From _____ ft. to _____ ft. <b>GRAVEL PACK INTERVALS:</b> From 190 ft. to 230 ft., From _____ ft. to _____ ft. <b>GROUT MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ Intervals From 0 ft. to 20 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. Is the nearest source of possible contamination: <input checked="" 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"/> Other (specify below) _____ <input checked="" type="checkbox"/> Sewer lines <input type="checkbox"/> Cesspool <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 checked="" type="checkbox"/> None Direction from well _____ Distance from well _____
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FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	Surface	127	135	Fine to some med sd w/caliche & clay strks
2	23	Loess	135	145	Caliche & clay w/sand strks
23	45	Clay & caliche w/sand strks	145	158	Fine to some med sd w/caliche & clay strks
45	64	Fine to med sd w/clay & caliche strks	158	168	Clay 7 caliche w/sand strks
64	72	Caliche & clay w/sand strks	168	200	Fine to some med sand w/caliche & clay
72	86	Fine to med sand w/clay & caliche strks			Strls
86	90	Sandstone	200	225	Fine sand w/clay & caliche lenses
90	103	Caliche & clay w/sand strks	225	240	Yellow ochre/grey shale
103	118	Sandstone w/clay & caliche			
118	127	Fine to med sd w/clay & caliche lenses			

<b>CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <u>constructed</u> , reconstructed, or <input type="checkbox"/> plugged by jurisdiction and was completed on (mo/day/year) 04/20/2011 and this record is true to the best of my knowledge and belief. Water Well Contractor's License No. 554 This Water Well Record was completed on (mo/day/year) 04-21-2011 the business name of <b>Woofter Pump &amp; Well Inc.</b> by signature <i>Gayle C. Woofter</i>
<b>INSTRUCTIONS:</b> Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain for your records. Include fee of \$5.00 for each constructed well. Visit us at <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> .