WATER WELL RECORD Form WWC-5

Division of Water Resources App. No.

1 LOCATION OF WATER WELL: Fraction: ¼ SE ¼ SE ¼ SE ¼ | Section Number: 1 | Township Number: T 8 S | Range Number: R 34 ☐E ☒W

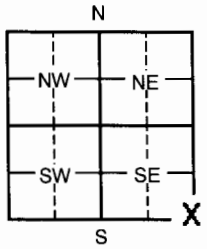
County: **Thomas**

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐.
This is located on the present site of the Farm Credit Office, 1190 S. Range, Colby, Ks

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: J J Oil Co
RR#, St. Address, Box # : P. O. BOX 546
City, State, ZIP Code : Stockton, Ks 67669

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



|------1 mile -------|

4 DEPTH OF COMPLETED WELL 165 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: ☐ Public water supply ☐ Geothermal ☐ Injection well
☐ Domestic ☐ Feedlot ☐ Oil field water supply ☐ Dewatering ☐ Other (Specify below)
☐ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☒ Monitoring well **MW3**
Was a chemical/bacteriological sample submitted to Department? ☐ Yes ☒ No
If yes, mo/day/yr sample was submitted
Water Well Disinfected? Yes X No

5 TYPE OF CASING USED: ☐ Steel ☒ PVC ☐ Other _____
CASING JOINTS: Glued ☐ Clamped ☐ Welded ☒ Threaded
Casing diameter 4 in. to 135 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.
Casing height above land surface 0 in., Weight 2.071 lbs./ft. Wall thickness or gauge No. .237
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 135 ft. to 165 ft., From _____ ft. to _____ ft.
From _____ ft. to _____ ft., From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From 132 ft. to 165 ft., From _____ ft. to _____ ft.
From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: ☐ Neat cement X Cement grout ☒ Bentonite ☐ Other _____
Grout Intervals From 0 ft. to 128 ft. From 128 ft. to 132 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 **Contaminated site**
Direction from well _____ Distance from well _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	surface	142	146	Clay & caliche
2	15	Loess	146	153	Fine sand w/lots of clay & caliche
15	50	Clay	153	156	Caliche
50	56	Fine to med sand w/clay strks	156	162	Fine to some med sand w/clay & caliche
56	62	Clay	162	166	Caliche & clay
62	70	Fine sand			
70	82	Fine to med sand			
82	95	Sandy clay & caliche strks			
95	114	Fine sand w/clay & caliche strs			
114	142	Fine to med sand w/caliche lens			

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) **4-10-2010** 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) **5-18-2010** under the business name of **Woofter Pump & Well Inc.** by (signature) _____.

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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