

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No. _____

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Thomas		$\frac{1}{4}$ SE $\frac{1}{4}$ SE $\frac{1}{4}$ NE $\frac{1}{4}$	18	T 8 S	R 36 <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"/>			Global Positioning System (GPS) information:		
2 WATER WELL OWNER: ADM Grain RR#, St. Address, Box # : 410 Railroad Street City, State, ZIP Code : Brewster, Kansas 67732			Latitude: 39.361281 (in decimal degrees)		
			Longitude: 101.3732786 (in decimal degrees)		
			Elevation: _____		
			Datum: <input checked="" type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27		
3 LOCATE WELL WITH AN "X" IN SECTION BOX: <div style="text-align: center;">N NW NE W X E SW SE S -----1 mile----- </div>			Collection Method:		
			<input type="checkbox"/> GPS unit (Make/Model: _____)		
			<input checked="" type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey		
			Est. Accuracy: <input type="checkbox"/> <3 m, <input checked="" type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m		
4 DEPTH OF COMPLETED WELL			160 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 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 checked="" type="checkbox"/> Monitoring well MW-101			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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
5 TYPE OF CASING USED: <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other					
CASING JOINTS: <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded					
Casing diameter 4 in. to 130 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.					
Casing height above land surface 0 in., Weight 2.07 lbs./ft. Wall thickness or gauge No. .237					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
<input 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)					
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"/> 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) _____					
SCREEN-PERFORATED INTERVALS:					
From 130 ft. to 160 ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
GRAVEL PACK INTERVALS:		From 128 ft. to 160 ft.		From _____ ft. to _____ ft.	
From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
6 GROUT MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input type="checkbox"/> Bentonite <input type="checkbox"/> Other					
Grout Intervals From 0 ft. to 128 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
What is the 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 checked="" type="checkbox"/> Other (specify below)					
<input 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 Contaminated site					
Direction from well _____			Distance from well _____		
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	Surface	100	113	Fine & med sand w/caliche lenses
2	10	Loess	113	126	Fine & med sand w/clay & caliche strks
10	33	Clay	126	144	Fine sand w/clay & caliche strks
33	42	Clay w/caliche lenses	144	163	Fine to some med sand w/caliche & clay strks
42	51	Clay & caliche w/traces of fine sand			
51	60	Clay & caliche w/sand strks			
60	71	Fine & med sand w/clay & caliche lenses			
71	86	Clay & caliche w/sand strks			
86	100	Fine & med sand w/clay strks & caliche lenses			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/year) 4/26/10 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) 4/30/10					
under the business name of Woofert 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 .					