

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

*Well 2 of 3
Battery # 3
49,705*

1 LOCATION OF WATER WELL:	Fraction <u>1/4 NE 1/4 NE 1/4 SE 1/4</u>	Section Number <u>16</u>	Township Number <u>T 9 S</u>	Range Number <u>R 25</u> <input type="checkbox"/> E <input type="checkbox"/> W
County: <u>Graham</u>		Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection; If at owner's address, check here <input type="checkbox"/> . <u>West well - 7 miles south of Hoke, 18 miles east</u>		
2 WATER WELL OWNER: Lawrence Simon RR#, St. Address, Box # <u>1999 130th Ave</u> City, State, ZIP Code <u>Morland, Ks 67650-5022</u>		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		

3 LOCATE WELL WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL <u>150</u> ft.
	Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft.
	WELL'S STATIC WATER LEVEL <u>93</u> 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 checked="" type="checkbox"/> 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	

5 TYPE OF CASING USED: Steel PVC Other

CASING JOINTS: Glued Clamped Welded Threaded

Casing diameter 8 in. to 110 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.

Casing height above land surface 18 in., Weight .332 lbs./ft. Wall thickness or gauge No. 5.594

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 110 ft. to 150 ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 20 ft. to 150 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	100	105	Fine to med sand w/traces of clay
2	12	Loess	105	111	Fine to med sand & small gravel
12	27	Fine sand w/clay & caliche strks	111	122	Fine to some med sand w/caliche & clay
27	48	Clay & caliche w/sand lenses			Strks
48	63	Fine sand & sandy clay mix w/clay & caliche lenses	122	135	Caliche & clay w/sand strks
			135	150	Yellow ochre
63	80	Fine to some med sd w/clay strks & Caliche lenses			
80	92	Clay & caliche w/sand lenses			
92	100	Fine to some med sand w/clay lenses			

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) 7-20=11 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 554. This Water Well Record was completed on (mo/day/year) 8-12-11 under the business name of Woofter Pump & Well Inc. by (signature) [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>.