

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No. _____

1 LOCATION OF WATER WELL:	Fraction County: Sheridan ¼ SE ¼ NW ¼ NE ¼	Section Number 10	Township Number T 9 S	Range Number R 28 E <input 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 type="checkbox"/> 1 mile east of Hoxie, 5 miles south—west into		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		
2 WATER WELL OWNER: Oliver Krannawitter RR#, St. Address, Box # 501 Queen Ave City, State, ZIP Code Hoxie, KS 67740				

3 LOCATE WELL WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL 162 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: <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			

5 TYPE OF CASING USED: Steel PVC Other

CASING JOINTS: Glued Clamped Welded Threaded

Casing diameter **4.5** in. to **122** 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 **122** ft. to **162** ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **20** ft. to **162** 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	82	85	Caliche & cemented sand
2	7	Loess	85	92	Sandstone with clay str
7	15	Fine to med sand	92	100	Clay with sandstone str
15	16	Cemented Sand	100	116	Fine to some med sand w/clay & caliche str
16	30	Fine sand & sandy clay	116	118	Caliche
30	40	Sandstone & cemented sand	118	124	Fine to some med sand
40	60	Clay, caliche with a few sand str	124	132	Clay & caliche with a few sand str
60	62	Caliche	132	143	Fine to some med sand with clay
62	65	Clay & fine sand str	143	155	Clay w/a few sand str
65	82	Fine to med sand	155	160	Fine sd w/clay str 160 to 165 Yellow ochre

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) **8/16/10** 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) **9/3/10** under the business name of **Woofter Pump & Well Inc.** by (signature) *Gay 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>.