

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No. **20512**

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Thomas		NC $\frac{1}{4}$ W $\frac{1}{4}$ NW $\frac{1}{4}$ NE $\frac{1}{4}$	35	T 9 S	R 33 <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 type="checkbox"/> . 2 west of Mingo, 3 south			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: Stan Kauk RR#, St. Address, Box # 1705 Rd 15 City, State, ZIP Code Colby, Ks 67701					
Sheet 1 of 2					
3 LOCATE WELL WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 288 ft.			
<p style="text-align: center;">N W E S</p> <p style="text-align: center;">-----1 mile-----</p>		Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft.			
		WELL'S STATIC WATER LEVEL 173 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: <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other _____					
CASING JOINTS: <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded					
Casing diameter 10 in. to 208 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.					
Casing height above land surface 24 in., Weight 7.80 lbs./ft. Wall thickness or gauge No. 365					
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 208 ft. to 288 ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From 20 ft. to 288 ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Cement grout <input type="checkbox"/> Bentonite <input type="checkbox"/> 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: <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 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 None					
Direction from well _____ Distance from well _____					
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	Surface	120	128	Fine to med sd w/cal strks & clay lenses
2	25	Loess	128	132	Caliche w/clay strks
25	34	Clay w/caliche lens	132	160	Fine to med sd & small gravel w/traces
34	48	Caliche & clay w/sd strks			Of clay & caliche
48	53	Fine sd & sdy clay w/clay lenses	160	180	Fine to med sd w/clay & caliche lens
53	75	Fine & med sd & small gravel	180	191	Fine to med sd & sm gravel w/traces of
75	85	Fine to med sd w/clay & caliche strks			Clay & caliche
85	107	Clay & caliche w/sand strks	191	195	Fine to med sd w/clay & caliche lens
107	120	Fine to med sd & sm gravel w/clay & Caliche strks	195	215	Clay & caliche w/sand strks
					Continued to sheet 2 of 2
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/year) 7-1-2009 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) 7-10-2009 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 .					

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