

## WATER WELL RECORD

## Form WWC-5

Division of Water Resources App. No.

19138

<b>1 LOCATION OF WATER WELL:</b> County: THOMAS		Fraction SW ¼ SW ¼ NW ¼ ¼		Section Number 13	Township No. T 9 S	Range Number R 34 <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"/> 6 SOUTH, 1 WEST, 1/4 SOUTH OF COLBY, KANSAS				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		
<b>2 WATER WELL OWNER:</b> RALPH G GOOSSEN RR#, Street Address, Box #: 719 MAPLE ST City, State, ZIP Code : FRIEND NE 68359						
<b>3 LOCATE WELL WITH AN "X" IN SECTION BOX:</b> N W E S -----1 mile-----		<b>4 DEPTH OF COMPLETED WELL</b> 250 ft. Depth(s) Groundwater Encountered (1) 150 ft. (2) ..... ft. (3) ..... ft. WELL'S STATIC WATER LEVEL 150 ft. below land surface measured on mo/day/yr ..... Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm EST. YIELD 500 gpm. Well water was ..... ft. after ..... hours pumping ..... gpm Bore Hole Diameter 28 in. to ..... ft., and ..... in. to ..... ft. 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>5 TYPE OF CASING USED:</b> <input checked="" type="checkbox"/> Steel <input type="checkbox"/> PVC <input type="checkbox"/> Other ..... <b>CASING JOINTS:</b> <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Threaded Casing diameter .16 in. to 250 ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft. Casing height above land surface 12 in., Weight ..... lbs./ft., Wall thickness or gauge No. 250 <b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b> <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) ..... <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> None used (open hole) <b>SCREEN OR PERFORATION OPENINGS ARE:</b> <input type="checkbox"/> Continuous slot <input checked="" 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 checked="" type="checkbox"/> Wire wrapped <input type="checkbox"/> Saw cut <input type="checkbox"/> Other (specify) ..... <b>SCREEN-PERFORATED INTERVALS:</b> From 250 ft. to 160 ft., From ..... ft. to ..... ft. From ..... ft. to ..... ft., From ..... ft. to ..... ft. <b>GRAVEL PACK INTERVALS:</b> From 250 ft. to 20 ft., From ..... ft. to ..... ft. From ..... ft. to ..... ft., From ..... ft. to ..... ft.						
<b>6 GROUT MATERIAL:</b> <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Cement grout <input type="checkbox"/> Bentonite <input type="checkbox"/> Other ..... Grout Intervals: From 20 ft. to 0 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 checked="" 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 ..... Direction from well SW Distance from well 1400'						
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS	
0	2	SURFACE			CALICHE LENSES	
2	24	LOESS	109	124	CLAY & CALICHE W/SAND LENSES	
24	33	CLAY W/CALICHE STRKS	124	133	FINE SAND W/CLAY STRKS	
33	40	FINE & MED SAND W/CLAY & CALICHE	133	169	FINE & MED SAND W/CLAY STRKS	
40	57	FINE SAND & SANDY CLAY MIX WITH	169	200	FINE SAND W/CLAY STRKS	
		CLAY & CALICHE STRKS	200	214	FINE TO SOME MED SAND'	
57	84	FINE & MED SAND W/CLAY & CALICHE	214	217	FINE & MED SAND	
84	96	CLAY & CALICHE W/SAND LENSES	217	250	OCHRE/BLACK SHALE	
96	100	FINE & MED. SAND W/CLAY & CALICHE				
100	109	FINE TO SOME MED SAND W/CLAY &				
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> 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) 05-31-2011 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 722 This Water Well Record was completed on (mo/day/year) 07-14-2011 under the business name of WESTERN SPRINKLERS, INC. by (signature) <i>Ralph G Goossen</i>						
<b>INSTRUCTIONS:</b> Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. 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 copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> .						