

CORRECTED

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No. 20120047

1 LOCATION OF WATER WELL: Thomas		Fraction SW ¼ SW ¼ SE ¼ NW ¼		Section Number 33		Township Number T 9 S		Range Number R 34 E 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"/> .				Global Positioning System (GPS) information: Latitude: 39 13.698 (in decimal degrees) Longitude: 101 07.581 (in decimal degrees) Elevation: 3282 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 John Wieland RR#, St. Address, Box # 250 S Grant City, State, ZIP Code Colby, KS 67701 P.O. Box 48788 Wichita																																																																					
3 LOCATE WELL WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> </div>				4 DEPTH OF COMPLETED WELL 220 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 checked="" 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: <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 4.5 in. to 180 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: <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 180 ft. to 220 ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From 20 ft. to 220 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 checked="" 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 <input checked="" type="checkbox"/> None Direction from well _____ Distance from well _____																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>LITHO. LOG (cont.) or PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>2</td> <td>Surface</td> <td>111</td> <td>130</td> <td>Clay & caliche / sand strks</td> </tr> <tr> <td>2</td> <td>24</td> <td>Loess</td> <td>130</td> <td>148</td> <td>Fine to some med sand w/clay & caliche strk</td> </tr> <tr> <td>24</td> <td>44</td> <td>Clay w/caliche strks</td> <td>148</td> <td>160</td> <td>Clay & caliche w/sand strks</td> </tr> <tr> <td>44</td> <td>57</td> <td>Fine & med sanmd w/clay & caliche strk</td> <td>160</td> <td>210</td> <td>Fine sand w/clay & caliche</td> </tr> <tr> <td>57</td> <td>61</td> <td>Caliche</td> <td>210</td> <td>220</td> <td>Yellow ochre/black shale</td> </tr> <tr> <td>61</td> <td>72</td> <td>Clay & caliche w/sand lenses</td> <td></td> <td></td> <td></td> </tr> <tr> <td>72</td> <td>97</td> <td>Fine to some med sand w/clay & caliche Strks</td> <td></td> <td></td> <td></td> </tr> <tr> <td>97</td> <td>103</td> <td>Caliche & clay w/sand strks</td> <td></td> <td></td> <td></td> </tr> <tr> <td>103</td> <td>111</td> <td>Fine & med sand w/clay & caliche strks</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>										FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS	0	2	Surface	111	130	Clay & caliche / sand strks	2	24	Loess	130	148	Fine to some med sand w/clay & caliche strk	24	44	Clay w/caliche strks	148	160	Clay & caliche w/sand strks	44	57	Fine & med sanmd w/clay & caliche strk	160	210	Fine sand w/clay & caliche	57	61	Caliche	210	220	Yellow ochre/black shale	61	72	Clay & caliche w/sand lenses				72	97	Fine to some med sand w/clay & caliche Strks				97	103	Caliche & clay w/sand strks				103	111	Fine & med sand w/clay & caliche strks			
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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) 1-16-12 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) 1-20-12 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 .																																																																					