

**WATER WELL RECORD Form WWC-5**

Original Record  Correction  Change in Well Use

Division of Water Resources App. No.

Well ID

**1 LOCATION OF WATER WELL:** Fraction: SE 1/4 NE 1/4 SE 1/4 Section Number: 33 Township Number: T 11 S Range Number: R 2 E   W

**2 WELL OWNER:** Last Name: Hickman First: Justin Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:   
 Business: 3125 Hawk Rd. From Abilene 60 North on 15 Hwy  
 Address: Abilene State: Ks ZIP: 67410 + Hawk Rd. 1/4 mile location of well  
 City: Abilene

**3 LOCATE WELL WITH "X" IN SECTION BOX:**

N	
--NW--	--NE--
W	E
--SW--	--SE--
S	

-----1 mile-----

**4 DEPTH OF COMPLETED WELL:** 140 ft.  
 Depth(s) Groundwater Encountered: 1) 99 ft.  
 2) ..... ft. 3) ..... ft., or 4)  Dry Well  
 WELL'S STATIC WATER LEVEL: 81 ft. 3/8/2024  
 below land surface, measured on (mo-day-yr).....  
 above land surface, measured on (mo-day-yr).....  
 Pump test data: Well water was ..... ft.  
 after ..... hours pumping ..... gpm  
 Well water was ..... ft.  
 after ..... hours pumping ..... gpm  
 Estimated Yield: 1.5 gpm  
 Bore Hole Diameter: 9" in. to 140' ft. and  
 ..... in. to ..... ft.

**5 Latitude:** N. 39° 05.077 (decimal degrees)  
**Longitude:** W 097° 20.524 (decimal degrees)  
 Horizontal Datum:  WGS 84  NAD 83  NAD 27  
 Source for Latitude/Longitude:  
 GPS (unit make/model: Garmin E-Trex 20)  
 (WAAS enabled?  Yes  No)  
 Land Survey  Topographic Map  
 Online Mapper: .....

**6 Elevation:** 1362' ft.  Ground Level  TOC  
 Source:  Land Survey  GPS  Topographic Map  
 Other .....

**7 WELL WATER TO BE USED AS:**

1. <input checked="" type="checkbox"/> Domestic: <input checked="" type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock 2. <input type="checkbox"/> Irrigation 3. <input type="checkbox"/> Feedlot 4. <input type="checkbox"/> Industrial	5. <input type="checkbox"/> Public Water Supply: well ID .....	10. <input type="checkbox"/> Oil Field Water Supply: lease .....
6. <input type="checkbox"/> Dewatering: how many wells? .....	7. <input type="checkbox"/> Aquifer Recharge: well ID .....	11. Test Hole: well ID .....
8. <input type="checkbox"/> Monitoring: well ID .....	9. Environmental Remediation: well ID .....	12. Geothermal: how many bores? .....
<input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction	<input type="checkbox"/> Recovery <input type="checkbox"/> Injection	a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water 13. <input type="checkbox"/> Other (specify): .....

Was a chemical/bacteriological sample submitted to KDHE?  Yes  No If yes, date sample was submitted: .....

Water well disinfected?  Yes  No

**8 TYPE OF CASING USED:**  Steel  PVC  Other ..... CASING JOINTS:  Glued  Clamped  Welded  Threaded  
 Casing diameter 5" in. to 120' ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
 Casing height above land surface 2 in. Weight 56.40 lbs./ft. Wall thickness or gauge No. ....  
 TYPE OF SCREEN OR PERFORATION MATERIAL:  
 Steel  Stainless Steel  Fiberglass  PVC  Other (Specify) .....  
 Brass  Galvanized Steel  Concrete tile  None used (open hole)  
 SCREEN OR PERFORATION OPENINGS ARE:  
 Continuous Slot  Mill Slot  Gauze Wrapped  Torch Cut  Drilled Holes  Other (Specify) .....  
 Louvered Shutter  Key Punched  Wire Wrapped  Saw Cut  None (Open Hole)  
 SCREEN-PERFORATED INTERVALS: From 120 ft. to 140 ft., From ..... ft. to ..... ft. to ..... ft.  
 GRAVEL PACK INTERVALS: From 25 ft. to 140 ft., From ..... ft. to ..... ft. to ..... ft.

**9 GROUT MATERIAL:**  Neat cement  Cement grout  Bentonite  Other .....  
 Grout Intervals: From 5 ft. to 25 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
 Nearest source of possible contamination: None Close  
 Septic Tank  Lateral Lines  Pit Privy  Livestock Pens  Insecticide Storage  
 Sewer Lines  Cess Pool  Sewage Lagoon  Fuel Storage  Abandoned Water Well  
 Watertight Sewer Lines  Seepage Pit  Feedyard  Fertilizer Storage  Oil Well/Gas Well  
 Other (Specify) .....

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	1	TOP SOIL	119	131	Limestone
1	6	Brown Clay	131	140	Gray Shale
6	48	Yellow Clay			
48	52	Limestone			
52	74	Yellow Shale			
74	77	Limestone			
77	99	Brown Shale			
99	105	Limestone (water)			
105	119	Brown Shale			

**11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was  constructed,  reconstructed, or  plugged under my jurisdiction and was completed on (mo-day-yr) 3/8/2024 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 451 This Water Well Record was completed on (mo-day-yr) 3/10/2024 under the business name of Hickman Well Drilling

Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.