

## WATER WELL RECORD

## Form WWC-5

Division of Water Resources; App. No.  

## 1 LOCATION OF WATER WELL:

County: Harvey

Fraction

Ne 1/4 Sw 1/4 Sec 14

Section Number

33

Township Number

T 23 S

Range Number

R 10 E

Distance and direction from nearest town or city street address of well if located within city?

In City Newton 619 Autumn Glenn

Global Positioning Systems (decimal degrees, min. of 4 digits)

Latitude: \_\_\_\_\_

Longitude: \_\_\_\_\_

Elevation: \_\_\_\_\_

Datum: \_\_\_\_\_

Data Collection Method: \_\_\_\_\_

## 2 WATER WELL OWNER:

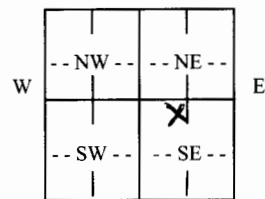
RR#, St. Address, Box #

City, State, ZIP Code

Tom Hutton  
619 Autumn Glenn  
Newton, KS 67114

## 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N



S

## 4 DEPTH OF COMPLETED WELL

Depth(s) Groundwater Encountered (1) 25 ft. (2) \_\_\_\_\_ ft. (3) \_\_\_\_\_ ft.  
WELL'S STATIC WATER LEVEL 12 ft. below land surface measured on mo/day/yr 9-18-07

Pump test data: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm

Est. Yield 35 gpm: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm

WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well

1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)

2 Irrigation 4 Industrial 7 Domestic (lawn &amp; garden) 10 Monitoring well

Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No X \_\_\_\_\_; If yes, mo/day/yr

Sample was submitted \_\_\_\_\_ Water well disinfected? Yes \_\_\_\_\_ No \_\_\_\_\_

## 5 TYPE OF CASING USED:

1 Steel

3 RMP (SR)

5 Wrought Iron

6 Asbestos-Cement

8 Concrete tile

9 Other (specify below)

CASING JOINTS: Glued X Clamped \_\_\_\_\_

2 PVC

4 ABS

7 Fiberglass

Welded \_\_\_\_\_

Threaded \_\_\_\_\_

Blank casing diameter \_\_\_\_\_ in. to \_\_\_\_\_ ft., Diameter \_\_\_\_\_ in. to \_\_\_\_\_ ft., Diameter \_\_\_\_\_ in. to \_\_\_\_\_ ft.

Casing height above land surface \_\_\_\_\_ in., Weight \_\_\_\_\_ lbs./ft. Wall thickness or gauge No. \_\_\_\_\_

## TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel

3 Stainless Steel

5 Fiberglass

7 PVC

9 ABS

11 Other (Specify) \_\_\_\_\_

2 Brass

4 Galvanized Steel

6 Concrete tile

8 RM (SR)

10 Asbestos-Cement

12 None used (open hole)

## SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot

3 Mill slot

5 Gauzed wrapped

7 Torch cut

9 Drilled holes

11 None (open hole)

2 Louvered shutter

4 Key punched

6 Wire wrapped

8 Saw Cut

10 Other (specify) \_\_\_\_\_

SCREEN-PERFORATED INTERVALS: From 25 ft. to 35 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

GRAVEL PACK INTERVALS: From 70 ft. to 80 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

## 6 GROUT MATERIAL:

1 Neat cement

2 Cement grout

3 Bentonite

4 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:

1 Septic tank

4 Lateral lines

7 Pit privy

10 Livestock pens

13 Insecticide Storage

16 Other (specify

2 Sewer lines

5 Cess pool

8 Sewage lagoon

11 Fuel storage

14 Abandoned water well

below)

3 Watertight sewer lines

6 Seepage pit

9 Feedyard

12 Fertilizer Storage

15 Oil well/gas well

Direction from well? E How many feet? 12

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<u>0</u>	<u>6</u>	<u>Clay</u>			
<u>6</u>	<u>20</u>	<u>fine Sand</u>			
<u>20</u>	<u>35</u>	<u>med "</u>			
<u>35</u>	<u>80</u>	<u>Blue Shale</u>			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 9-18-07 and this record is true to the best of my knowledge and belief.Kansas Water Well Contractor's License No. 180 This Water Well Record was completed on (mo/day/year) 9-18-07under the business name of Backhus Drilling by (signature) Scott BackhusINSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies 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. Fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>.