

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: <u>CLAY</u>	Fraction <u>SE 1/4 SE 1/4 SE 1/4</u>	Section Number <u>34</u>	Township Number <u>T 9 S</u>	Range Number <u>R 3 W</u>
Distance and direction from nearest town or city street address of well if located within city? <u>711 GUADEL RD, WAKEFIELD, KS</u>		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: <u>39.22200</u> Longitude: <u>97.07427</u> Elevation: _____ Datum: _____ Data Collection Method: _____		

2 WATER WELL OWNER: MR. DWIGHT HANMOND
RR#, St. Address, Box # : 1620 7th St.
City, State, ZIP Code : CLAY CENTER, KS 67432

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1" style="width: 100%; height: 100%; text-align: center; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td>--NW--</td><td> </td><td>--NE--</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td>--SW--</td><td> </td><td>--SE--</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> S				--NW--		--NE--				--SW--		--SE--				4 DEPTH OF COMPLETED WELL <u>140</u> ft. Depth(s) Groundwater Encountered (1) <u>130</u> ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL <u>117</u> ft. below land surface measured on mo/day/yr <u>5/24/08</u> Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield <u>3.0</u> 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 <input checked="" type="checkbox"/> Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> ; If yes, mo/day/yr Sample was submitted _____ Water well disinfected? Yes <input checked="" type="checkbox"/> No _____
--NW--		--NE--														
--SW--		--SE--														

5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped _____
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____
 2 PVC 4 ABS 7 Fiberglass _____ Threaded _____
Blank casing diameter 6 in. to 110 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 2 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 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 110 ft. to 140 ft., From _____ ft. to _____ ft.
From _____ ft. to _____ ft., From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From 25 ft. to 140 ft., From _____ ft. to _____ ft.
From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout Bentonite 4 Other _____
Grout Intervals: From 3 ft. to 25 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 6 Other specify below
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/gas well HOUSE
Direction from well? SOUTH How many feet? 60

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<u>0</u>	<u>8</u>	<u>CLAY</u>			
<u>8</u>	<u>12</u>	<u>LEARNSTONE</u>			
<u>12</u>	<u>115</u>	<u>SHALE, VARIOUS COLORS</u>			
<u>115</u>	<u>132</u>	<u>LEARNSTONE, H2O</u>			
<u>132</u>	<u>140</u>	<u>SHALE</u>			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) 5/24/08 and this record is true to the best of my knowledge and belief.
Kansas Water Well Contractor's License No. 760 This Water Well Record was completed on (mo/day/year) 8/13/08
under the business name of ASSOCIATED DRILLERS INC. by (signature) [Signature]

INSTRUCTIONS: 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>.