

# WATER WELL RECORD

## Form WWC-5

Division of Water Resources; App. No.

<b>1 LOCATION OF WATER WELL:</b>		Fraction	Section Number	Township Number	Range Number
County: <u>Ellis</u>		$\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$	<u>9</u>	T <u>13</u> S	R <u>17</u> E/W
Distance and direction from nearest town or city street address of well if located within city?			Global Positioning Systems (decimal degrees, min. of 4 digits)		
			Latitude: _____		
			Longitude: _____		
			Elevation: _____		
			Datum: _____		
			Data Collection Method: _____		

<b>2 WATER WELL OWNER:</b> <u>Joseph GROSSMAN</u>		<b>3 LOCATE WELL'S LOCATION</b>	
RR#, St. Address, Box # : <u>1728 300 Awn.</u>		<b>WITH AN "X" IN SECTION BOX:</b> 	
City, State, ZIP Code : <u>HAYS KS 67601</u>			
<b>4 DEPTH OF COMPLETED WELL</b> <u>28</u> ft.		Depth(s) Groundwater Encountered (1) <u>19</u> ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL <u>19</u> ft. below land surface measured on mo/day/yr. _____ Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield <u>207</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 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 <u>Domestic (lawn &amp; garden)</u> 10 Monitoring well _____ Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>/</u> ; If yes, mo/day/yr Sample was submitted _____ Water well disinfected? Yes _____ No _____	

<b>5 TYPE OF CASING USED:</b>		5 Wrought Iron		8 Concrete tile		CASING JOINTS: Glued <u>/</u> Clamped _____	
1 Steel 3 RMP (SR)		6 Asbestos-Cement		9 Other (specify below)		Welded _____	
2 <u>PVC</u> 4 ABS		7 Fiberglass				Threaded _____	
Blank casing diameter <u>5</u> in. to <u>28</u> ft. Diameter _____ in. to _____ ft. Diameter _____ in. to _____ ft.							
Casing height above land surface <u>14</u> in. Weight <u>160</u> lbs./ft. Wall thickness or guage No. <u>SDR 26</u>							
TYPE OF SCREEN OR PERFORATION MATERIAL:							
1 Steel 3 Stainless Steel		5 Fiberglass		7 <u>PVC</u>		9 ABS	
2 Brass 4 Galvanized Steel		6 Concrete tile		8 RM (SR)		10 Asbestos-Cement	
						11 Other (Specify) _____	
						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	
2 Louvered shutter 4 Key punched		6 Wire wrapped		8 <u>Saw Cut</u>		10 Other (specify) _____	
SCREEN-PERFORATED INTERVALS: From <u>28</u> ft. to <u>20</u> ft., From _____ ft. to _____ ft.							
GRAVEL PACK INTERVALS: From <u>28</u> ft. to <u>20</u> ft., From _____ ft. to _____ ft.							
From _____ ft. to _____ ft., From _____ ft. to _____ ft.							

<b>6 GROUT MATERIAL:</b>		1 Neat cement 2 Cement grout		3 <u>Bentonite</u>		4 Other _____	
Grout Intervals: From <u>0</u> ft. to <u>20</u> 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	
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 <u>Oil well/gas well</u>	
						16 Other (specify below)	
Direction from well? <u>SE</u>				How many feet? <u>350'</u>			

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<u>0</u>	<u>2</u>	<u>Top Soil</u>			
<u>2</u>	<u>18</u>	<u>CLAY</u>			
<u>18</u>	<u>25</u>	<u>SAND &amp; LIMESTONE GRAVEL</u>			
<u>25</u>	<u>28</u>	<u>SHALE</u>			

<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b>	
This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>8/9/07</u> and this record is true to the best of my knowledge and belief.	
Kansas Water Well Contractor's License No. <u>478</u> This Water Well Record was completed on (mo/day/year) <u>8/10/07</u>	
under the business name of <u>ANNUNZIO WATER WELL</u> by (signature) <u>[Signature]</u>	
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 <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> .	