

**WATER WELL RECORD Form WWC-5 KSA 82a-1212**

<b>1 LOCATION OF WATER WELL:</b> County: <b>ELLIS</b>	Fraction <b>SE 1/4 NE 1/4 SW 1/4</b>	Section Number <b>29</b>	Township Number <b>T 13 S</b>	Range Number <b>R 18 E&amp;W</b>
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Distance and direction from nearest town or city street address of well if located within city?  
**3203 THUNDERBIRD DR HAYS**

**2 WATER WELL OWNER:** **TERRY SCHAFFER**  
 RR#, St. Address, Box # : **3203 THUNDERBIRD DR** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code : **HAYS KS 67601** Application Number:

<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>	<b>4 DEPTH OF COMPLETED WELL:</b> <b>72</b> ft. <b>ELEVATION:</b> _____ ft.
	Depth(s) Groundwater Encountered 1. <b>56</b> ft. 2. _____ ft. 3. _____ ft.
	WELL'S STATIC WATER LEVEL <b>56</b> ft. below land surface measured on mo/day/yr <b>10-25-01</b>
	Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield <b>20</b> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter <b>10</b> in. to <b>72</b> ft., and _____ in. to _____ ft.
	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 <input checked="" type="checkbox"/> Lawn and garden only 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 _____ No <input checked="" type="checkbox"/>

**5 TYPE OF BLANK CASING USED:**

1 Steel	3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: <input checked="" type="checkbox"/> Glued <input checked="" type="checkbox"/> Clamped
<del>2 PVC</del>	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
		7 Fiberglass		Threaded _____

Blank casing diameter **5** in. to **52** ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface **18** in., weight **160** lbs./ft. Wall thickness or gauge No. \_\_\_\_\_

**TYPE OF SCREEN OR PERFORATION MATERIAL:**  PVC 10 Asbestos-cement

1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	11 Other (specify) _____
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	12 None used (open hole)

**SCREEN OR PERFORATION OPENINGS ARE:**

1 Continuous slot	<input checked="" type="checkbox"/> Mill slot	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
2 Louvered shutter	4 Key punched	6 Wire wrapped	9 Drilled holes	
		7 Torch cut	10 Other (specify) _____	

**SCREEN-PERFORATED INTERVALS:** From **52** ft. to **72** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**GRAVEL PACK INTERVALS:** From **40** ft. to **72** 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 **0** ft. to **30** 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	14 Abandoned water well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage	15 Oil well/Gas well
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage	16 Other (specify below)
			13 Insecticide storage	

Direction from well? \_\_\_\_\_ How many feet? \_\_\_\_\_

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	10	<del>SH</del> SURFACE CLAY			
10	30	HARD YELLOW CLAY			
30	40	SUGAR SAND			
40	50	FINE SAND			
50	60	MED SAND			
60	70	LARGE SAND			
70	72	BLUE SHALE			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was  constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) **10-25-01** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **444** This Water Well Record was completed on (mo/day/yr) **10-25-01** under the business name of **ANDY ANDERSON DRILLING** by (signature) *Andy Anderson*

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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

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SEC.  
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