

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: Ellis	Fraction NE 1/4 NE 1/4 SE 1/4 SE 1/4	Section Number 33	Township Number T 13 S	Range Number R 18 E/W
Distance and direction from nearest town or city street address of well if located within city? 1711 Vine, Hays, KS 67601		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: 38.873818 Longitude: 99.318128 Elevation: TOC 2001.29 Datum: _____ Data Collection Method: _____		
2 WATER WELL OWNER: Anadanko Development Co. RR#, St. Address, Box # : PO Box 15000 City, State, ZIP Code : Amarillo, TX 79101				

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"><tr><td>..NW..</td><td>..NE..</td></tr><tr><td>..SW..</td><td>..SE..</td></tr></table> S	..NW..	..NE..	..SW..	..SE..	4 DEPTH OF COMPLETED WELL .48 ft. Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL 36.27 ft. below land surface measured on mo/day/yr 7/7/14 Pump test data: Well water was.....ft. after..... hours pumping..... gpm Est. Yield.....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 & garden) <input checked="" type="checkbox"/> Monitoring well MW-3R 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"/>
..NW..	..NE..				
..SW..	..SE..				

5 TYPE OF CASING USED: 1 Steel <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> <input checked="" type="checkbox"/> 2 PVC 4 ABS <input type="checkbox"/> Blank casing diameter 2" in. to 33 ft., Diameter..... in. to..... ft., Diameter..... in. to..... ft. Casing height above land surface..... in., Weight..... lbs./ft. Wall thickness or gauge No. Schedule 40	5 Wrought Iron 8 Concrete tile 6 Asbestos-Cement 9 Other (specify below) 7 Fiberglass CASING JOINTS: Glued..... Clamped..... Welded..... Threaded..... <input checked="" type="checkbox"/>	
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 3 Mill slot 0.010 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 Nonc (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify).....	
SCREEN-PERFORATED INTERVALS: From 33 ft. to 48 ft., From..... ft. to..... ft. From..... ft. to..... ft., From..... ft. to..... ft.		
GRAVEL PACK INTERVALS: From 30.5 ft. to 33 ft., From..... ft. to..... ft. From..... ft. to..... ft., From..... ft. to..... ft.		

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite 4 Other..... Grout intervals: From 0.75 ft. to 30.5 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 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 Direction from well?..... How many feet?.....
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FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	0.5	Concrete			
0.5	15	Silty CLAY			
15	20	SILT			
20	35	Silty CLAY			
35	44	Clayey SAND			
44	48	SAND			

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) **6/26/14**..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **795**..... This Water Well Record was completed on (mo/day/year) **1/8/15**..... under the business name of **O'Malley Drilling** by (signature) *Michael O'Malley*

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.kdhe.state.ks.us/geo/waterwells>