

WATER WELL RECORD

Form WWC-5

Division of Water Resources, App. No.

1 LOCATION OF WATER WELL: County: Ellis	Fraction NE $\frac{1}{4}$ NW $\frac{1}{4}$ NE $\frac{1}{4}$	Section Number 4	Township Number T 14 S	Range Number R 18 E/W W
Distance and direction from nearest town or city street address of well if located within city? 501 E. 10th, Hays, KS		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____		
2 WATER WELL OWNER: Allied, Inc. RR#, St. Address, Box # 501 E. 19th City, State, ZIP Code Hays, KS 67601				

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> </td><td> </td><td>X</td><td> </td></tr> <tr><td>--NW--</td><td>--NE--</td><td></td><td></td></tr> <tr><td>W</td><td></td><td></td><td>E</td></tr> <tr><td></td><td>--SW--</td><td>--SE--</td><td></td></tr> <tr><td></td><td>S</td><td></td><td></td></tr> </table>			X		--NW--	--NE--			W			E		--SW--	--SE--			S			4 DEPTH OF COMPLETED WELL 30.7 ft. Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL 16.49 ft. below land surface measured on mo/day/yr 8-9-06 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) 10 Monitoring well
		X																			
--NW--	--NE--																				
W			E																		
	--SW--	--SE--																			
	S																				
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 CASING USED: 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) <input checked="" type="checkbox"/> 2 PVC 4 ABS 7 Fiberglass Blank casing diameter 26 in. to 30.7 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface 0 in., Weight _____ lbs./ft. Wall thickness or guage No. SCH40	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 5 Guazed 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 30.7 ft. to 28 ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.	
GRAVEL PACK INTERVALS: From 30.7 ft. to 26.7 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 26.7 ft. to 3 ft., From 3 ft. to 0 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 Contaminated site

Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
31	26	Dark brown clay and sand	30.7	26.7	10/20 Sand
26	21	Dark brown moist clay and sand	26.7	3	3/8 Bentonite chips
21	16	Brown clayey sand	3	0	Cement
16	11	Brown moist lean clay			
11	6	Light brown moist silt			
6	0	Light brown moist silt			
					AS-3

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) 8-9-06 and this record is true to the best of my knowledge and belief.
Kansas Water Well Contractor's License No. 665 This Water Well Record was completed on (mo/day/year) 8-22-06
under the business name of Pratt Well Environmental by (signature) *Steven E. Pratt*

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blank _____ under the name of the contractor. 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>.