

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

987

1 LOCATION OF WATER WELL: County: <u>Ellis</u>	Fraction <u>SW 1/4 SW 1/4 SW 1/4</u>	Section Number <u>12</u>	Township Number <u>T 14 S</u>	Range Number <u>R 18 X/W</u>
Distance and direction from nearest town or city street address of well if located within city? <u>3001 New Way, Hays, KS 67601</u>		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____		
2 WATER WELL OWNER: <u>Nex-Tech</u> RR#, St. Address, Box # : <u>3001 New Way</u> City, State, ZIP Code : <u>Hays, KS 67601</u>				

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1" style="width: 100px; height: 100px; text-align: center; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td></tr><tr><td>--NW--</td><td>--NE--</td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td>--SW--</td><td>--SE--</td><td> </td></tr><tr><td>X</td><td> </td><td> </td></tr></table> S				--NW--	--NE--					--SW--	--SE--		X			4 DEPTH OF COMPLETED WELL <u>60</u> ft.	
--NW--	--NE--																
--SW--	--SE--																
X																	
Depth(s) Groundwater Encountered (1)..... <u>35</u> ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL..... <u>32</u> ft. below land surface measured on mo/day/yr..... <u>6/5/09</u> Pump test data: Well water was.....ft. after..... hours pumping..... gpm Est. Yield..... <u>15</u>gpm: Well water was.....ft. after..... hours pumping..... gpm WELL WATER TO BE USED AS: <u>5</u> Public water supply <u>8</u> Air conditioning <u>11</u> Injection well <u>1</u> Domestic <u>3</u> Feedlot <u>6</u> Oil field water supply <u>9</u> Dewatering <u>12</u> Other (Specify below) <u>2</u> Irrigation <u>4</u> Industrial <u>7</u> Domestic (lawn & garden) <u>10</u> Monitoring well																	
Was a chemical/bacteriological sample submitted to Department? Yes No .. <u>X</u>; If yes, mo/day/yrs Sample was submitted..... Water well disinfected? Yes .. <u>X</u> No																	

5 TYPE OF CASING USED: <u>2</u> Steel <u>3</u> RMP (SR) <u>6</u> Asbestos-Cement <u>9</u> Other (specify below) <u>2</u> PVC <u>4</u> ABS <u>7</u> Fiberglass	<u>5</u> Wrought Iron <u>8</u> Concrete tile <u>6</u> Asbestos-Cement <u>9</u> Other (specify below) <u>7</u> Fiberglass	CASING JOINTS: <u>X</u> Glued..... Clamped..... Welded..... Threaded.....
Blank casing diameter <u>5</u> in. to <u>60</u> ft., Diameter..... in. to ft., Diameter in. to ft. Casing height above land surface..... <u>18</u> in., Weight <u>2.91</u>lbs./ft. Wall thickness or guage No. <u>21</u>	TYPE OF SCREEN OR PERFORATION MATERIAL: <u>7</u> <u>1</u> Steel <u>3</u> Stainless Steel <u>5</u> Fiberglass <u>7</u> PVC <u>9</u> ABS <u>11</u> Other (Specify) <u>2</u> Brass <u>4</u> Galvanized Steel <u>6</u> Concrete tile <u>8</u> RM (SR) <u>10</u> Asbestos-Cement <u>12</u> None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE: <u>1</u> Continuous slot <u>3</u> Mill slot <u>5</u> Gauzed wrapped <u>7</u> Torch cut <u>9</u> Drilled holes <u>11</u> None (open hole) <u>2</u> Louvered shutter <u>4</u> Key punched <u>6</u> Wire wrapped <u>8</u> Saw cut <u>10</u> Other (specify)		
SCREEN-PERFORATED INTERVALS: From..... <u>60</u> ft. to <u>40</u> ft., From ft. to ft. From..... ft. to ft., From ft. to ft.		
GRAVEL PACK INTERVALS: From..... <u>60</u> ft. to <u>20</u> ft., From ft. to ft. From..... ft. to ft., From ft. to ft.		

6 GROUT MATERIAL: <u>1</u> Neat cement <u>2</u> Cement grout <u>3</u> Bentonite <u>4</u> Other
Grout Intervals: From .. <u>20</u> ft. to <u>0</u> ft., From ft. to ft., From ft. to ft.
What is the nearest source of possible contamination: <u>none</u> <u>1</u> Septic tank <u>4</u> Lateral lines <u>7</u> Pit privy <u>10</u> Livestock pens <u>13</u> Insecticide storage <u>16</u> Other (specify below) <u>2</u> Sewer lines <u>5</u> Cess pool <u>8</u> Sewage lagoon <u>11</u> Fuel storage <u>14</u> Abandoned water well <u>3</u> Watertight sewer lines <u>6</u> Seepage pit <u>9</u> Feedyard <u>12</u> Fertilizer storage <u>15</u> Oil well/gas well
Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Top soil			
2	31	gunbo			
31	35	river mud			
35	38	sand mud mix			
38	51	sand			
51	60	shale			

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) ...6/5/09..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No.Q199.... This Water Well Record was completed on (mo/day/year) ..6/22/09..... under the business name Karst Water Well Drilling & Service, Inc (Signature) _____

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the appropriate 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>.