

WELL # 5-19

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

**1 LOCATION OF WATER WELL:** County: ELLIS Fraction: NW 1/4 NE 1/4 NE 1/4 Section Number: 32 Township Number: T 15 S Range Number: R 18 E

Distance and direction from nearest town or city street address of well if located within city? 1/4 mile West of 240th + 1/4 mile South of Schoenly Rd

**Global Positioning Systems** (decimal degrees, min. of 4 digits)  
 Latitude: 38° 42' 37.38" N (Approx)  
 Longitude: 99° 20' 31.92" W (Approx)  
 Elevation: \_\_\_\_\_ Datum: \_\_\_\_\_ Data Collection Method: \_\_\_\_\_

**2 WATER WELL OWNER:** City of Hays  
 RR#, St. Address, Box #: 1000 Vine  
 City, State, ZIP Code: Hays, KS 67601

**3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:**

		X	

**4 DEPTH OF COMPLETED WELL** ..... 60 ..... ft.

Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.  
 WELL'S STATIC WATER LEVEL... 18.3 ..... ft. below land surface measured on mo/day/yr. 2/16/10  
 Pump test data: Well water was... 33.1 ..... ft. after... 2.4 ..... hours pumping... 500 ..... gpm  
 Est. Yield... 300 ..... gpm: Well water was... ..... ft. after... ..... hours pumping... ..... gpm

WELL WATER TO BE USED AS:  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

Was a chemical/bacteriological sample submitted to Department?  Yes ..... No .....; If yes, mo/day/yr  
 Sample was submitted..... Water well disinfected?  Yes ..... No .....

**5 TYPE OF CASING USED:**  Steel  3 RMP (SR)  5 Wrought Iron  8 Concrete tile CASING JOINTS: Glued..... Clamped.....  
 2 PVC  4 ABS  6 Asbestos-Cement  9 Other (specify below) Welded  
 7 Fiberglass Threaded.....

Blank casing diameter... 5.4 ..... in. to... 2.0 ..... ft., Diameter... 1.8 ..... in. to... 4.2 ..... ft., Diameter ..... in. to ..... ft.  
 Casing height above land surface... 4.7 ..... ft., Weight..... lbs./ft. Wall thickness or gauge No. .... 3.75 .....

**TYPE OF SCREEN OR PERFORATION MATERIAL:**  
 1 Steel  2 Stainless Steel  5 Fiberglass  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:** .060 slot  
 1 Continuous slot  3 Mill slot  5 Gauzed 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... 60 ..... ft. to... 4.2 ..... ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**GRAVEL PACK INTERVALS:** From... 60 ..... ft. to... 2.3 ..... 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 ... 2.0 ..... ft. to ... 0 ..... ft., From ... 2.3 ..... ft. to ... 2.0 ..... 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 below  
 3 Watertight sewer lines  6 Seepage pit  9 Feedyard  12 Fertilizer Storage  15 Oil well/gas well None Known .....

Direction from well? ..... How many feet? .....

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Topsoil			
1	19	Brown sandy clay			
19	25	Med to Fine Sand w/ coarse sand & clay			
25	58	" " w/ Cobble			
58	60	" " w/ Cobble + clay mixed			

**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) ... 4/7/10 ... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ... 102 ... This Water Well Record was completed on (mo/day/year) ... 5/12/10 ... under the business name of Layne Christensen Company by (signature) \_\_\_\_\_

**INSTRUCTIONS:** Use typewriter of 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>.