

Well # 5-22  
**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources; App. No.

**1 LOCATION OF WATER WELL:**  
 County: ELLIS Fraction SE 1/4 SE 1/4 SW 1/4 Section Number 26 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?  
.48 mile East of 260th & 1/8 of a mile North of Schoonhoven Rd **Global Positioning Systems** (decimal degrees, min. of 4 digits)  
 Latitude: 38° 42' 45.85" N (Approx)  
 Longitude: 99° 17' 34.44" W (Approx)

**2 WATER WELL OWNER:** City of Hays  
 RR#, St. Address, Box # : 1000 Vine  
 City, State, ZIP Code : Hays KS 67601  
 Elevation: \_\_\_\_\_  
 Datum: \_\_\_\_\_  
 Data Collection Method: \_\_\_\_\_

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

	NW	NE	
W			E
	SW	SE	
	X		
			S

**4 DEPTH OF COMPLETED WELL** ..... 47 ..... ft.  
 Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.  
 WELL'S STATIC WATER LEVEL..... 13.7 ..... ft. below land surface measured on mo/day/yr.....  
 Pump test data: Well water was..... 32.22 ..... ft. after..... 24 ..... 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)    6 Asbestos-Cement    9 Other (specify below)  
 2 PVC    4 ABS    7 Fiberglass  
 CASING JOINTS: Glued..... Clamped.....  
Welded.....  
 Threaded.....  
 Blank casing diameter .. 5.4 ..... in. to ..... 2.0 ..... ft., Diameter. 1.8 ..... in. to ..... 3.4 ..... ft., Diameter ..... in. to ..... ft.  
 Casing height above land surface..... in., Weight..... lbs./ft. Wall thickness or guage No. .... 37.5 .....  
 TYPE OF SCREEN OR PERFORATION MATERIAL:  
 1 Steel     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 Guazed wrapped    7 Torch cut    9 Drilled holes    11 None (open hole)  
 2 Louvered shutter    4 Key punched     Wire wrapped    8 Saw Cut    10 Other (specify) .....  
 SCREEN-PERFORATED INTERVALS: From..... 4.7 ..... ft. to ..... 3.4 ..... ft., From ..... ft. to ..... ft.  
 From..... ft. to ..... ft., From ..... ft. to ..... ft.  
 GRAVEL PACK INTERVALS: From..... 47.5 ..... ft. to ..... 22.5 ..... ft., From ..... ft. to ..... ft.  
 From..... ft. to ..... ft., From ..... ft. to ..... ft.

**6 GROUT MATERIAL:** 1 Neat cement     Cement grout     Bentonite    4 Other .....  
 Grout Intervals: From ... 2.0 ..... ft. to ..... 0 ..... ft., From 22.5 ..... 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     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    None known  
 Direction from well? ..... How many feet? .....

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Top Soil			
1	6.5	Gr/Br Silty clay w/ Fine Sand			
6.5	18.5	Brown med to coarse Sand/Gravel w/ fines			
18.5	22	Grey Sandy clay			
22	27	Grey Sand & Gravel w/ fines			
27	33	Gr Sandy clay			
33	41	Gr Sand & Gravel w/ fines			
41	47.5	Gr Sand clay layers w/ Sand, Gravel & fines			

**Original Returned to Sender  
 for Correction Date: 5/17/10**

**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) ... 4/12/10 ... 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 LAVINE CHRISTENSEN Co. by (signature) [Signature]

**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>.