

TH 19  
**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources; App. No.  

<b>1 LOCATION OF WATER WELL:</b> County: <u>Ellis</u>	Fraction <u>NW 1/4 NE 1/4 NE 1/4</u>	Section Number <u>32</u>	Township Number T <u>15</u> S	Range Number R <u>18</u> E <input checked="" type="checkbox"/>
Distance and direction from nearest town or city street address of well if located within city? <u>1/2 mile west of 240th + 1/2 mile south of Schanck Rd</u>		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: <u>38° 42' 37.58" N (Approx.)</u> Longitude: <u>99° 20' 31.90" W (Approx.)</u> Elevation: _____ Datum: _____ Data Collection Method: _____		
<b>2 WATER WELL OWNER:</b> <u>City of Hays</u> RR#, St. Address, Box # : <u>1000 vine</u> City, State, ZIP Code : <u>Hays KS 67601</u>				

<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> N <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td>X</td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table> W E S							X										<b>4 DEPTH OF COMPLETED WELL</b> ..... <u>70</u> ..... ft. (Test Hole)  Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL..... <u>18</u> ..... ft. below land surface measured on mo/day/yr..... 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 <input checked="" type="checkbox"/> Other (Specify below) 2 Irrigation    4 Industrial    7 Domestic (lawn & garden)    10 Monitoring well <u>Test Hole Only</u>  Was a chemical/bacteriological sample submitted to Department? Yes <input checked="" type="checkbox"/> .....; If yes, mo/day/yr Sample was submitted..... Water well disinfected? <input checked="" type="checkbox"/> Yes ..... No .....
		X															

**5 TYPE OF CASING USED:**

1 Steel	3 RMP (SR)	6 Asbestos-Cement	8 Concrete tile	CASING JOINTS: Glued..... Clamped.....
2 PVC	4 ABS	7 Fiberglass	<input checked="" type="checkbox"/> Other (specify below) <u>Name 6" Barkhole</u>	Welded.....

Blank casing diameter ..... in. to ..... ft., Diameter. .... in. to ..... ft., Diameter ..... in. to ..... ft.  
 Casing height above land surface..... in., Weight.....lbs./ft. Wall thickness or guage No. ....  
**TYPE OF SCREEN OR PERFORATION MATERIAL:**

1 Steel	3 Stainless Steel	5 Fiberglass	7 PVC	9 ABS	<input checked="" type="checkbox"/> Other (Specify) <u>Name</u>
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	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	<input checked="" type="checkbox"/> Other (specify) <u>Name</u>	

**SCREEN-PERFORATED INTERVALS:** From..... ft. to ..... ft., From ..... ft. to ..... ft.  
 From..... ft. to ..... ft., From ..... ft. to ..... ft.  
**GRAVEL PACK INTERVALS:** From..... ft. to ..... ft., From ..... ft. to ..... ft.  
 From..... ft. to ..... ft., From ..... ft. to ..... ft.

**6 GROUT MATERIAL:** 1 Neat cement 2 Cement grout  Bentonite 4 Other .....

Grout Intervals: From 70 ft. to 0 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	<input checked="" type="checkbox"/> Other (specify below) <u>Name Known</u>
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? .....

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Top Soil			
1	6	Brown Silty Sandy Clay			
6	13	Gr Fine to medium Sand (Gravel)			
13	27	Gr med-to coarse Sand w/ Cabbles & Fincl.			
27	41	Gr or med-to coarse Sand w/ Cabbles & Fincl			
41	59.5	Gr med-to coarse Sand w/ clay & cabbles			
59.5	70	Grey Shale			

**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) 5/9/10 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 107 This Water Well Record was completed on (mo/day/year) 5/20/10 under the business name of Layne Christensen Company by (signature) [Signature] (corrected)

**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/waterwells>.