

16 10091
WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

1 LOCATION OF WATER WELL: County: Barton Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☒ Located in backyard of residence.	Fraction 1/4 SE 1/4 SE 1/4 SW 1/4	Section Number 19	Township No. T 19 S	Range Number R 13 ☐ E ☒ W
2 WATER WELL OWNER: Marc & Teri Huslig RR#, Street Address, Box #: 2516 Brush Creek Circle City, State, ZIP Code : Great Bend, KS 67530				
Global Positioning System (GPS) information: Latitude: 38.7770739 37.767 (in decimal degrees) Longitude: -98.80227 (in decimal degrees) Elevation: Unknown Datum: ☐ WGS 84, ☐ NAD 83, ☒ NAD 27 Collection Method: ☒ GPS unit (Make/Model: WAAS) ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey Est. Accuracy: ☐ <3 m, ☒ 3-5 m, ☐ 5-15 m, ☐ >15 m				

3 LOCATE WELL WITH AN "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL 40 ft. Depth(s) Groundwater Encountered (1) 11.51 ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL 11.51 ft. below land surface measured on mo/day/yr 11/24/09 Pump test data: Well water was Not checked ft. after _____ hours pumping _____ gpm EST. YIELD Unknown gpm. Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter _____ in. to _____ ft., and _____ in. to _____ ft. WELL WATER TO BE USED AS: ☐ Public water supply ☐ Geothermal ☐ Injection well ☒ Domestic ☐ Feedlot ☐ Oil field water supply ☐ Dewatering ☐ Other (Specify below) ☐ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☐ 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
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5 TYPE OF CASING USED: ☐ Steel ☒ PVC ☐ Other _____

CASING JOINTS: ☒ Glued ☐ Clamped ☐ Welded ☐ Threaded

Casing diameter **5** in. to **28** ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.

Casing height above land surface **24** in., Weight **2.36** lbs./ft., Wall thickness or gauge No. **214**

TYPE OF SCREEN OR PERFORATION MATERIAL:
☐ Steel ☐ Stainless Steel ☒ PVC ☐ Other (Specify) _____
☐ Brass ☐ Galvanized Steel ☐ None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:
☐ Continuous slot ☒ Mill slot ☐ Gauze wrapped ☐ Torch cut ☐ Drilled holes ☐ None (open hole)
☐ Louvered shutter ☐ Key punched ☐ Wire wrapped ☐ Saw cut ☐ Other (specify) _____

SCREEN-PERFORATED INTERVALS: From **28** ft. to **38** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **20** ft. to **40** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other _____

Grout Intervals: From _____ ft. to _____ ft., From **0** ft. to **20** ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:
☐ Septic tank ☐ Lateral lines ☐ Pit privy ☐ Livestock pens ☐ Insecticide storage ☒ Other (specify below)
☐ Sewer lines ☐ Cesspool ☐ Sewage lagoon ☐ Fuel storage ☐ Abandoned water well
☐ Watertight sewer lines ☐ Seepage pit ☐ Feedyard ☐ Fertilizer storage ☐ Oil well/gas well **None known**

Direction from well _____ Distance from well _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	5	Topsoil			
5	8	Clay, dark brown, sandy, soft			
8	16	Sand and gravel, medium to fine, loose, clean			
16	21	Sand and gravel, coarse to fine, loose, clean			
21	22	Clay, tan, hard			
22	39	Sand and gravel, coarse to fine, loose, clean			
39	40	Clay, brown, hard			

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) **11/24/09** and this record is true to the best of my knowledge and belief.

Kansas Water Well Contractor's License No. **185** This Water Well Record was completed on (mo/day/year) **11/25/09**
 under the business name of **Clarke Well & Equipment, Inc.** by (signature)

INSTRUCTIONS: Use typewriter or ball point pen. **PLEASE PRESS FIRMLY and PRINT** clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) 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 copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>.