

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

39,894

1 LOCATION OF WATER WELL: County: Stafford	Fraction NW 1/4 NE 1/4 SE 1/4	Section Number 19	Township Number T 21 S	Range Number R 12 E W
Distance and direction from nearest town or city street address of well if located within city? 6mi EAST & 2 1/2 mi. N. of SEWARD, KS		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____		

2 WATER WELL OWNER: Barbara Hall
RR#, St. Address, Box # : **PO Box 1675**
City, State, ZIP Code : **Great Bend, Ks. 67530**

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

N			
W	--NW--	--NE--	E
	--SW--	--SE--	
S			

4 DEPTH OF COMPLETED WELL75..... ft.

Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.
WELL'S STATIC WATER LEVEL...**23**..... ft. below land surface measured on mo/day/yr. **5/19/08**.
Pump test data: Well water was.....ft. after..... hours pumping..... gpm
Est. Yield **500** 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 12 Other (Specify below)
X Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well

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

5 TYPE OF CASING USED:

1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)
X PVC	4 ABS	7 Fiberglass	

Blank casing diameter ..**16**..... in. to ..**35**..... ft., Diameter..... in. to ft., Diameter..... in. to ft.
Casing height above land surface.....**12**..... in., Weight **16.15**..... lbs./ft. Wall thickness or guage No. **500**.....

CASING JOINTS: Glued.. **X**.... Clamped.....
Welded.....
Threaded.....

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 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:

1 Continuous slot	X 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..... **35**..... ft. to ..**75**..... ft., From ft. to ft.
From..... ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From..... **22**..... ft. to ..**75**..... ft., From ft. to ft.
From..... ft. to ft., From ft. to ft.

6 GROUT MATERIAL: 1 Neat cement **X** Cement grout 3 Bentonite 4 Other

Grout Intervals: From ...**2**..... ft. to ...**22**..... 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	16 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	X Oil well/gas well	

Direction from well? ..**West**..... How many feet? ..**800 FT.**.....

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Topsoil			
2	18	Sand, fine			
18	22	Clay, gray			
22	26	Sand, fine to medium			
26	35	Clay, tan			
35	40	Clay, tan/sand, medium- mixed			
40	59	Sand, fine to medium			
59	68	Clay, tan			
68	74	Sand, medium			
74	75	Clay, tan			

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) ..**5/19/08**... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ..**138**..... This Water Well Record was completed on (mo/day/year) ..**5/21/08**... under the business name of **Peterson Irrigation, Inc.** by (signature) *Mike Peters*

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.kdheks.gov/waterwell/index.html>.