

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: Hamilton	Fraction NW ¼ NW ¼ NW ¼	Section Number 36	Township Number T 23 S	Range Number R 43 E/W
---	-----------------------------------	-----------------------------	----------------------------------	---------------------------------

Distance and direction from nearest town or city street address of well if located within city? 1 mi south, 1 east, 1 south of Coolidge KS

2 WATER WELL OWNER: TLW Land & Cattle
RR#, St. Address, Box # : Box 611
City, State, ZIP Code : Syracuse KS 67878

Global Positioning System (decimal degrees, min. of 4 digits)
Latitude: _____
Longitude: _____
Elevation: _____
Datum: _____
Data Collection Method: _____

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

N

X	NW	NE	E
W			
	SW	SE	
	S		

4 DEPTH OF COMPLETED WELL 240 ft.

Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.

WELL'S STATIC WATER LEVEL _____ 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 Feed lot 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:

1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	CASING JOINTS: Glued _____ Clamped _____
2 PVC	4 ABS	7 Fiberglass	Eagle-Loc	Welded _____
				Threaded _____

Blank casing diameter **5** in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface **24** in., Weight _____ lbs./ft. Wall thickness or gauge No. **SDR 17**

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	3 Mill slot	5 Gauze 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 **140** ft. to **160** ft. From **180** ft. to **200** ft.

From **220** ft. to **240** ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **25** ft. to **240** 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 **5** ft. to **25** 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	15 Oil well/ gas well	

Direction from well? _____ How many feet? **None observed**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	12	Topsoil & brown clay			
12	16	Sand & gravel			
16	40	Shale & rock			
40	180	Sandstone & shale; hard			
180	240	White sandstone & shale streaks			

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) **10/8/09** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **473**. This Water Well Record was completed on (mo/day/year) **10/22/09** under the business name of **Tyler Water Well, Inc.** by (signature) _____

INSTRUCTIONS: Please fill in blanks 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>.