

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL:

County: RENO

Fraction

SE 1/4 NE 1/4 NE 1/4

Section Number

21

Township Number

T 23 S

Range Number

R 5 E

Distance and direction from nearest town or city street address of well if located within city?

Global Positioning Systems (decimal degrees, min. of 4 digits)

Latitude: _____

Longitude: _____

Elevation: _____

Datum: _____

Data Collection Method: _____

2 WATER WELL OWNER:

RR#, St. Address, Box # : City of HutchinsonCity, State, ZIP Code : 125 E. Ave BHutchinson KS 67501

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

N

--NW--		--NE--	X
--SW--		--SE--	

S

4 DEPTH OF COMPLETED WELL 35 ft.Depth(s) Groundwater Encountered (1).....10..... 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 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)

2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring wellWas a chemical/bacteriological sample submitted to Department? Yes No ✓; If yes, mo/day/yrSample was submitted..... Water well disinfected? Yes No ✓

5 TYPE OF CASING USED:

1 Steel

3 RMP (SR)

5 Wrought Iron

8 Concrete tile

CASING JOINTS: Glued..... Clamped.....

2 PVC

4 ABS

7 Fiberglass

9 Other (specify below)

Welded.....

Threaded..... ✓Blank casing diameter 1 in. to 45 ft., Diameter..... in. to ft., Diameter..... in. to ft.Casing height above land surface..... 0 in., Weight..... lbs./ft. Wall thickness or gauge No. 80

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel

3 Stainless Steel

5 Fiberglass

6 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

2 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

10 Other (specify)

SCREEN-PERFORATED INTERVALS: From..... 45 ft. to 55 ft., From..... ft. to ft.

From..... ft. to ft., From..... ft. to ft.

GRAVEL PACK INTERVALS: From..... 10 ft. to 55 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..... 10 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

16 Other (specify

2 Sewer lines

5 Cess pool

8 Sewage lagoon

11 Fuel storage

14 Abandoned water well

below)

3 Watertight sewer lines

6 Seepage pit

9 Feedyard

12 Fertilizer Storage

15 Oil well/gas well

unknown

Direction from well?

How many feet?

FROM

TO

LITHOLOGIC LOG

FROM

TO

PLUGGING INTERVALS

Unknown - Direct Push7 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) 5/3/07..... and this record is true to the best of my knowledge and belief.Kansas Water Well Contractor's License No. 209..... This Water Well Record was completed on (mo/day/year) 5/30/07.....under the business name of Plains Environmental Services by (signature) Jim KalyINSTRUCTIONS: 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/geology/wells>