

WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No.

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: <b>Reno</b>		<b>NE ¼ SE ¼ NE ¼</b>		<b>22</b>		<b>T 23 S</b>		<b>R 06 W</b>	
Distance and direction from nearest town or city street address of well if located within city? <b>West side of Valley Pride Road, between 6<sup>th</sup> Avenue &amp; Railroad tracks to the north</b>									
2 WATER WELL OWNER:		<b>Reno County</b>							
RR#, St. Address, Box # :		<b>206 W. 1<sup>st</sup> Street</b>							
City, State, ZIP Code :		<b>Hutchinson, Kansas 67501</b>							
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <b>44.5</b> ft. ELEVATION: _____							
		Depth(s) Groundwater Encountered 1 <b>19.5</b> 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							
		Bore Hole Diameter <b>8.5</b> in. to <b>44.5</b> ft. and _____ in. to _____ ft.							
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 Lawn and garden (domestic)      10 Monitoring well <b>Air Sparge</b>							
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> If yes, mo/day/yr sample was submitted _____									
Water Well Disinfected? Yes _____ No <b>X</b>									
5 TYPE OF BLANK CASING USED:									
1 Steel      3 RMP (SR)      5 Wrought Iron      8 Concrete tile      CASING JOINTS: Glued _____ Clamped _____ 2 <b>PVC</b> 4 ABS      6 Asbestos-Cement      9 Other (specify below)      Welded _____ 7 Fiberglass      Threaded _____ Flush _____									
Blank casing diameter <b>2</b> in. to <b>42.5</b> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.									
Casing height above land surface <b>Flushmount</b> in., weight <b>0.703</b> lbs./ft. Wall thickness or gauge No. <b>Sch. 40</b>									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
1 Steel      3 Stainless steel      5 Fiberglass      8 RMP (SR)      11 Other (specify) _____ 2 Brass      4 Galvanized steel      6 Concrete tile      9 ABS      12 None used (open hole) _____									
SCREEN OR PERFORATION OPENINGS ARE:									
1 Continuous slot      3 <b>Mill slot</b> 5 Gauzed wrapped      8 Saw cut      11 None (open hole) 2 Louvered shutter      4 Key punched      6 Wire wrapped      9 Drilled holes 7 Torch cut      10 Other (specify) _____									
SCREEN-PERFORATED INTERVALS:									
From <b>42.5</b> ft. to <b>44.5</b> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS:									
From <b>41.5</b> ft. to <b>44.5</b> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.									
6 GROUT MATERIAL:									
1 Neat cement      2 Cement grout      3 <b>Bentonite</b> 4 Other <b>Bentonite Grout</b>									
Grout Intervals From <b>1</b> ft. to <b>39.5</b> ft. From <b>39.5</b> ft. to <b>41.5</b> 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      14 Abandoned water well 2 Sewer lines      5 Cess pool      8 Sewage lagoon      11 Fuel storage      15 Oil well/ Gas well 3 Watertight sewer lines      6 Seepage pit      9 Feedyard      12 Fertilizer storage      16 Other (specify below) _____ 13 Insecticide storage									
Direction from well? _____ How many feet? _____									
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS			
0	2		Lean Clay, dark brown						
2	5		Sandy Clay						
5	12.5		Clay, red brown						
12.5	15		Sandy Clay						
15	19.5		Sand, rusty brown, fine to medium grain						
18	44.5		Sand, brown						
							Don Taylor was contacted on 12-07-04 regarding this late form		
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <b>(1) constructed</b> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) <b>12-15-02</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>531</b> This Water Well Record was completed on (mo/day/yr) <b>12-10-04</b> under the business name of <b>Geotechnical Services, Inc.</b> by (signature) <i>[Signature]</i>									
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.									

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