

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources; App. No.

<b>1 LOCATION OF WATER WELL:</b> County: <b>Hamilton</b>	Fraction <b>SE ¼ SE ¼ SW ¼</b>	Section Number <b>18</b>	Township Number T <b>24</b> S	Range Number R <b>42</b> E/W
---	-----------------------------------	-----------------------------	----------------------------------	---------------------------------

Distance and direction from nearest town or city street address of well if located within city? **1 mile south, 5 ½ east, ½ north of Coolidge KS**

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

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

<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>	<b>4 DEPTH OF COMPLETED WELL</b> <u>240</u> 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 **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)	5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
		7 Fiberglass	<b>Eagle-Loc</b>	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 22 ft. to 50 ft. From 62 ft. to 240 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 2 ft. to 22 ft. From 50 ft. to 62 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	2	Topsoil			
2	56	Sand & gravel			
56	105	Shale			
105	220	Sandstone & a little shale			
220	240	Shale, little sandstone & iron pyrite			

**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) 10/6/09 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) [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>.