

WATER WELL RECORD Form WWC-5

Original Record Correction Change in Well Use

Division of Water Resources App. No.

Well ID

1 LOCATION OF WATER WELL: County: PRATT <input checked="" type="checkbox"/> PR	Fraction NE 1/4 NE 1/4 SW 1/4 SW 1/4	Section Number 22	Township Number T 26 S	Range Number R 15 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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2 WELL OWNER: Last Name: **Curtis** First: **GARY**
 Business: _____
 Address: **110085 NW 110th ST**
 Address: _____
 City: **Byers** State: **KS** ZIP: **67021**
 Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:
Curtis #3

<p>3 LOCATE WELL WITH "X" IN SECTION BOX:</p> <p style="text-align: center;">N</p> <table style="margin: auto; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 5px;">NW</td> <td style="border: 1px solid black; padding: 5px;">NE</td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;">SW</td> <td style="border: 1px solid black; padding: 5px;">SE</td> </tr> </table> <p style="text-align: center;">S</p> <p style="text-align: center;">-----1 mile-----</p>	NW	NE	SW	SE	<p>4 DEPTH OF COMPLETED WELL: 69 ft.</p> <p>Depth(s) Groundwater Encountered: 1) ft. 2) ft. 3) ft., or 4) <input type="checkbox"/> Dry Well</p> <p>WELL'S STATIC WATER LEVEL: 43 ft.</p> <p><input type="checkbox"/> below land surface, measured on (mo-day-yr)..... <input checked="" type="checkbox"/> above land surface, measured on (mo-day-yr)..... 11-12-12</p> <p>Pump test data: Well water was ft. after hours pumping gpm Well water was ft. after hours pumping gpm</p> <p>Estimated Yield: gpm</p> <p>Bore Hole Diameter: 10 5/8 in. to 69 ft. and in. to ft.</p>	<p>5 Latitude: 37.76497 (decimal degrees) Longitude: 098.95409 (decimal degrees) Datum: <input checked="" type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 Source for Latitude/Longitude: <input checked="" type="checkbox"/> GPS (unit make/model:) (WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Online Mapper:</p> <p>6 Elevation: 2043 ft. <input type="checkbox"/> Ground Level <input checked="" type="checkbox"/> TOC Source: <input type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other</p>
NW	NE					
SW	SE					

7 WELL WATER TO BE USED AS:

1. <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input checked="" type="checkbox"/> Livestock 2. <input type="checkbox"/> Irrigation 3. <input type="checkbox"/> Feedlot 4. <input type="checkbox"/> Industrial	5. <input type="checkbox"/> Public Water Supply: well ID	10. <input type="checkbox"/> Oil Field Water Supply: lease
6. <input type="checkbox"/> Dewatering: how many wells?	7. <input type="checkbox"/> Aquifer Recharge: well ID	11. Test Hole: well ID
8. <input type="checkbox"/> Monitoring: well ID	9. Environmental Remediation: well ID	12. Geothermal: how many bores?
<input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection	13. <input type="checkbox"/> Other (specify):	a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water

Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:

Water well disinfected? Yes No

8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded

Casing diameter **5** in. to **49** ft., Diameter in. to ft., Diameter in. to ft.
 Casing height above land surface **24** in. Weight **160** lbs./ft. Wall thickness or gauge No.

TYPE OF SCREEN OR PERFORATION MATERIAL:
 Steel Stainless Steel Fiberglass PVC Other (Specify)
 Brass Galvanized Steel Concrete tile None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:
 Continuous Slot Mill Slot Gauze Wrapped Torch Cut Drilled Holes Other (Specify)
 Louvered Shutter Key Punched Wire Wrapped Saw Cut None (Open Hole)

SCREEN-PERFORATED INTERVALS: From **49** ft. to **69** ft., From ft. to ft., From ft. to ft.
 GRAVEL PACK INTERVALS: From **69** ft. to **20** ft., From ft. to ft., From ft. to ft.

9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other

Grout Intervals: From **20** ft. to **0** ft., From ft. to ft., From ft. to ft.

Nearest source of possible contamination:

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> Lateral Lines	<input type="checkbox"/> Pit Privy	<input type="checkbox"/> Livestock Pens	<input type="checkbox"/> Insecticide Storage
<input type="checkbox"/> Sewer Lines	<input type="checkbox"/> Cess Pool	<input type="checkbox"/> Sewage Lagoon	<input type="checkbox"/> Fuel Storage	<input type="checkbox"/> Abandoned Water Well
<input type="checkbox"/> Watertight Sewer Lines	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Feedyard	<input type="checkbox"/> Fertilizer Storage	<input type="checkbox"/> Oil Well/Gas Well
<input type="checkbox"/> Other (Specify) Pasture				

Direction from well? **999** Distance from well? **999** ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	5	Surface Sand			
5	45	Sandy Clay Tan Mix			
45	70	Medium to coarse sand			

Notes:

11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year) **10-13-12** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **622** This Water Well Record was completed on (mo-day-year) **11-15-12** under the business name of **Cloud's Water Well Serv.**