

**WATER WELL RECORD**

Form WWC-5

Division of Water Resources; App. No.

20080540

<b>1 LOCATION OF WATER WELL:</b> County: Pratt	Fraction Se $\frac{1}{4}$ NE $\frac{1}{4}$ Se $\frac{1}{4}$	Section Number 15	Township Number T 27 S	Range Number R 12 E <b>(W)</b>
Distance and direction from nearest town or city street address of well if located within city? NE 40th Street & NE 70th Avenue		<b>Global Positioning Systems (decimal degrees, min. of 4 digits)</b> Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____		
<b>2 WATER WELL OWNER:</b> John Hamm RR#, St. Address, Box # 20170 NE 60th Ave. City, State, ZIP Code Pratt, KS 67124				

<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> N W     E --NW-- --NE--     --SW-- --SE-- <b>X</b> S	<b>4 DEPTH OF COMPLETED WELL</b> 115 ft. Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL 40 ft. below land surface measured on mo/day/yr 12/23/08 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 <b>6</b> 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 <b>X</b> If yes, mo/day/yrs Sample was submitted _____ Water well disinfected? Yes <b>X</b> No _____
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**5 TYPE OF CASING USED:** 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued **X** Clamped \_\_\_\_\_  
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded \_\_\_\_\_  
**2** PVC 4 ABS 7 Fiberglass \_\_\_\_\_ Threaded \_\_\_\_\_  
Blank casing diameter 5 in. to 98 ft., Diameter \_\_\_\_\_ in. to \_\_\_\_\_ ft., Diameter \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
Casing height above land surface 3 in., Weight SCH 160 lbs./ft. Wall thickness or gauge No. \_\_\_\_\_  
**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 Gauzed 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 115 ft. to 95 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
**GRAVEL PACK INTERVALS:** From 115 ft. to 45 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 45 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 \_\_\_\_\_  
Direction from well? IMMEDIATE VICINITY How many feet? IMMEDIATE VICINITY

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0'	5'	Topsoil			
5'	15'	Silty Sand/Clay			
15'	40'	Tan Clay/Small Gravel			
40'	45'	White Clay			
45'	50'	Tan Clay/Small Gravel			
50'	65'	Small Gravel			
65'	112'	Small to medium gravel			
112'	115'	Weathered Red Shale			

**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) 12/23/08 and this record is true to the best of my knowledge and belief.  
Kansas Water Well Contractor's License No. 665 This Water Well Record was completed on (mo/day/year) 1/21/09  
under the business name of Pratt Well Service, Inc. by (signature) *John Hamm*

**INSTRUCTIONS:** 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, 1 000 SW Jackson St., Suite 420, Topeka, Kansas 66612- 1 367. 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/geo/waterwells>.