

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

1 LOCATION OF WATER WELL: County: Haskell	Fraction ¼ SE ¼ NE ¼ NE ¼	Section Number 4	Township No. T 27 S	Range Number R 31 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> Rd 10 & Rd VV 1/4 Mile South		Global Positioning System (GPS) information: Latitude: 37.73441 (in decimal degrees) Longitude: 100.70692 (in decimal degrees) Elevation: Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27 Collection Method: <input checked="" type="checkbox"/> GPS unit (Make/Model: Garmin) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m		
2 WATER WELL OWNER: RR#, Street Address, Box #: John Klevsteuber 108 Winchester Ave. City, State, ZIP Code : Garden City. KS 67846				

3 LOCATE WELL WITH AN "X" IN SECTION BOX:
N

NW	NE X
SW	SE

S
|----- 1 mile -----|

4 DEPTH OF COMPLETED WELL 365..... 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
Bore Hole Diameter **9 7/8**.....in. to.....ft., and.....in. to.....ft.
WELL WATER TO BE USED AS: Public water supply Geothermal Injection well
 Domestic Feedlot Oil field water supply Dewatering Other (Specify below)
 Irrigation Industrial Domestic-lawn & garden Monitoring well
Was a chemical/bacteriological sample submitted to Department? Yes No
If yes, mo/day/yr sample was submitted.....
Water well disinfected? Yes No

5 TYPE OF CASING USED: Steel PVC Other **Eagle Loc**.....
CASING JOINTS: Glued Clamped Welded Threaded
Casing diameter **.5**..... in. to **365**..... ft., Diameter..... in. to..... ft., Diameter..... in. to..... ft.
Casing height above land surface **30**..... in., Weight **SDR 17**.....lbs./ft., Wall thickness or gauge No.
TYPE OF SCREEN OR PERFORATION MATERIAL:
 Steel Stainless Steel PVC Other (Specify)
 Brass Galvanized Steel None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:
 Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole)
 Louvered shutter Key punched Wire wrapped Saw cut Other (specify)
SCREEN-PERFORATED INTERVALS: From **265**..... ft. to **285**..... ft., From **305**..... ft. to **325**..... ft.
From **345**..... ft. to **365**..... ft., From..... ft. to..... ft.
GRAVEL PACK INTERVALS: From **20**..... ft. to **365**..... ft., From..... ft. to..... ft.
From..... ft. to..... ft., From..... ft. to..... ft.

6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other
Grout Intervals: From **0**..... ft. to **20**..... ft., From..... ft. to..... ft., From..... ft. to..... ft.
What is the nearest source of possible contamination:
 Septic tank Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below)
 Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well
 Watertight sewer lines Seepage pit Feedyard Fertilizer storage Oil well/gas well
Direction from well **North East**..... Distance from well **150'**.....

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	5	Topsoil & Sand	320	340	Fine to Medium Sand Streaks of Clay
5	20	Sandy Clay & Cliche	340	360	Sandstone Little Clay
20	100	Sand & Gravel	360	370	Yellow Clay
100	120	Sand Coarse Little Clay	370	380	Blue Shale
120	160	Sand Medium Little Clay			
160	180	Sand Medium to Coarse			
180	240	Sand Medium to Coarse Little Clay			
240	260	Medium Sand Little Clay			
260	280	Fine Sand Little Clay			
280	320	Clay Streaks of Fine Sand			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) **7-6-12**..... 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) **7-10-12**.....
under the business name of **Tyler Water Well Inc**..... by (signature) *[Signature]*

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>.