

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No. **15024**

| | | | | | | |
|--|-----|--|--|--|----------------------------------|---|
| 1 LOCATION OF WATER WELL: | | Fraction County: Haskell SE ¼ SE ¼ SW ¼ | | Section Number 34 | Township Number T 27 S | Range Number R 32 E |
| Distance and direction from nearest town or city street address of well if located within city? From Sublette , appx 12 miles north, 1 ½ miles west | | | | Global Positioning System (decimal degrees, min. of 4 digits) Latitude: 37.6495 Longitude: 100.8074 Elevation: 2831 Datum: _____ Data Collection Method: _____ | | |
| 2 WATER WELL OWNER: Kenneth Cox / Kenneth Cox Trust RR#, St. Address, Box # : HCR 1 Box 34 City, State, ZIP Code : Sublette KS 67877 | | | | | | |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: | | 4 DEPTH OF COMPLETED WELL 488 ft. | | | | |
| | | Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. | | | | |
| | | WELL'S STATIC WATER LEVEL 314 ft. below land surface measured on mo/day/yr 04/16/08 Pump test data: Well water was 363 ft. after 4 hours pumping 536 gpm Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm | | | | |
| | | WELL WATER TO BE USED AS: 5 _____ 8 Air conditioning 11 Injection well 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) <input checked="" type="checkbox"/> Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well | | | | |
| | | Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> ; If yes, mo/day/yr Sample was submitted _____ Water Well Disinfected? Yes <input checked="" type="checkbox"/> No _____ | | | | |
| 5 TYPE OF CASING USED: | | 5 Wrought Iron | | 8 Concrete tile | | CASING JOINTS: Glued _____ Clamped _____ |
| <input checked="" type="checkbox"/> Steel | | 3 RMP (SR) | | 6 Asbestos-Cement | | Welded <input checked="" type="checkbox"/> |
| 2 PVC | | 4 ABS | | 7 Fiberglass | | Threaded _____ |
| Blank casing diameter 16 in. to _____ ft., Dia | | _____ in. to _____ ft., Dia | | _____ in. to _____ ft., Dia | | _____ in. to _____ ft. |
| Casing height above land surface 12 in., Weight 42 lbs./ft. | | _____ in., Weight _____ lbs./ft. | | _____ in., Weight _____ lbs./ft. | | Wall thickness or gauge No. .250 |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | 1 Steel | | 3 Stainless steel | | 5 Fiberglass |
| <input checked="" type="checkbox"/> Steel | | 2 Brass | | 4 Galvanized steel | | 6 Concrete tile |
| 2 Brass | | 4 Galvanized steel | | 6 Concrete tile | | 8 RM (SR) |
| SCREEN OR PERFORATION OPENINGS ARE: | | 1 Continuous slot | | 3 Mill slot | | 5 Guaze wrapped |
| <input checked="" type="checkbox"/> Continuous slot | | 2 Louvered shutter | | 4 Key punched | | 6 Wire wrapped |
| 2 Louvered shutter | | 4 Key punched | | 6 Wire wrapped | | 8 Saw Cut |
| SCREEN-PERFORATED INTERVALS: | | From 323 ft. to 403 ft. | | From 403 ft. to 483 ft. | | From _____ ft. to _____ ft. |
| GRAVEL PACK INTERVALS: | | From 20 ft. to 488 ft. | | From _____ ft. to _____ ft. | | From _____ ft. to _____ ft. |
| 6 GROUT MATERIAL: | | 1 Neat cement | | 2 Cement grout | | <input checked="" type="checkbox"/> Bentonite |
| Grout Intervals From 0 ft. to 20 ft. | | From _____ ft. to _____ 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 |
| 2 Sewer lines | | 5 Cess pool | | 8 Sewage lagoon | | 10 Livestock pens |
| 3 Watertight sewer lines | | 6 Seepage pit | | 9 Feedyard | | 11 Fuel storage |
| Direction from well? East | | _____ | | _____ | | 12 Fertilizer storage |
| | | | | | | 13 Insecticide Storage |
| | | | | | | 14 Abandoned water well |
| | | | | | | 15 Oil well/ gas well |
| | | | | | | 16 Other (specify below) |
| | | | | | | How many feet? 100 |
| FROM | TO | LITHOLOGIC LOG | | FROM | TO | PLUGGING INTERVALS |
| 0 | 2 | Surface | | | | |
| 2 | 87 | Brown Sandy clay w/few lime rock | | | | |
| 87 | 197 | Sand fine to med course small to lg gravel | | | | |
| 197 | 204 | Brown sandy clay | | | | |
| 204 | 225 | Sand fine to med | | | | |
| 225 | 245 | Brown sandy clay | | | | |
| 245 | 256 | Sand fine to med course | | | | |
| 256 | 295 | Sandy clay | | | | |
| 295 | 340 | Sand fine to med course small gravel | | | | |
| 340 | 406 | Sand fine to med w/clay stringers | | | | |
| 406 | 419 | Brown sandy clay W/few sand beds | | | | |
| 419 | 483 | Sand fine to med w/ clay stringers | | | | |
| 483 | 532 | Soap stone w/ sand stone | | | | |
| 532 | 540 | Gray sluffing 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) 04/12/08 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 145. This Water Well Record was completed on (mo/day/year) 06/03/08 under the business name of Henkle Drilling & Supply Co, Inc. by (signature) Bruce R. Schmitt.

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>.