

**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

Fraction 3/4 NE 1/4 SE 1/4

Section Number 3

Township Number T 28 S

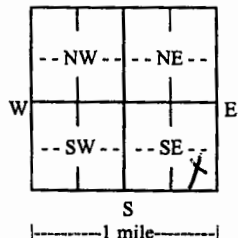
Range Number R 13 E  W

**2 WELL OWNER:** Last Name: Hendrix First: Tom

Business:  
Address: 1325 Country Club Road  
Address:  
City: Pratt State: KS ZIP: 67124

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:

**3 LOCATE WELL WITH "X" IN SECTION BOX:**



**4 DEPTH OF COMPLETED WELL:** 60 ft.

Depth(s) Groundwater Encountered: 1) ..... ft.  
2) ..... ft. 3) ..... ft. or 4)  Dry Well  
WELL'S STATIC WATER LEVEL: 28 ft.  
 below land surface, measured on (mo-day-yr) .....  
 above land surface, measured on (mo-day-yr) .....  
Pump test data: Well water was ..... ft.  
after ..... hours pumping ..... gpm  
Well water was ..... ft.  
after ..... hours pumping ..... gpm  
Estimated Yield: 100 gpm  
Bore Hole Diameter: 10 5/8 in. to ..... ft. and  
..... in. to ..... ft.

**5 Latitude:** 37.633430 (decimal degrees)

**Longitude:** 98.722130 (decimal degrees)  
**Horizontal Datum:**  WGS 84  NAD 83  NAD 27  
**Source for Latitude/Longitude:**  
 GPS (unit make/model: .....)  
(WAAS enabled?  Yes  No)  
 Land Survey  Topographic Map  
 Online Mapper: Google Earth Pro

**6 Elevation:** ..... ft.  Ground Level  TOC

**Source:**  Land Survey  GPS  Topographic Map  
 Other .....

**7 WELL WATER TO BE USED AS:**

- |   |  |                                     |  |  |   |   |   |   |  |                              |                                       |   |
|---|--|-------------------------------------|--|--|---|---|---|---|--|------------------------------|---------------------------------------|---|
| 1. Domestic:<br><input checked="" type="checkbox"/> Household<br><input type="checkbox"/> Lawn & Garden<br><input 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 ..... | 6. <input type="checkbox"/> Dewatering: how many wells? ..... | 7. <input type="checkbox"/> Aquifer Recharge: well ID ..... | 8. <input type="checkbox"/> Monitoring: well ID ..... | 9. Environmental Remediation: well ID ..... | 10. <input type="checkbox"/> Oil Field Water Supply: lease ..... | 11. Test Hole: well ID ..... | 12. Geothermal: how many bores? ..... | 13. <input type="checkbox"/> Other (specify): ..... |
|---|--|-------------------------------------|--|--|---|---|---|---|--|------------------------------|---------------------------------------|---|

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 2 in. to ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
Casing height above land surface 24 in. Weight ..... 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 60 ft. to 40 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**GRAVEL PACK INTERVALS:** From 21 ft. to 60 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**9 GROUT MATERIAL:**  Neat cement  Cement grout  Bentonite  Other .....

Grout Intervals: From 0 ft. to 21 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) <u>None</u> |  |  |   |   |

Direction from well? ..... Distance from well? ..... ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	14	Tan Top Soil			
14	44	Fine Tan Sand			
44	60	Coarse Gravel			

**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) 11/16/22 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 672. This Water Well Record was completed on (mo-day-year) 11/21/22 under the business name of Crowdis Water Well. Signature: [Signature]

Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.