

## WATER WELL RECORD

## Form WWC-5

Division of Water Resources App. No.

27,003

<b>1 LOCATION OF WATER WELL:</b> County: <b>HASKELL</b>		Fraction $\frac{1}{4}$ SW $\frac{1}{4}$ SW $\frac{1}{4}$ SW $\frac{1}{4}$	Section Number <b>3</b>	Township No. T <b>28</b> S	Range Number R <b>31</b> <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"/> <b>APPROX 8 MILES WEST AND 12 MILES NORTH OF SUBLETTE</b>			<b>Global Positioning System (GPS) information:</b> Latitude: <b>37.63522 N</b> (in decimal degrees) Longitude: <b>100.70672 W</b> (in decimal degrees) Elevation: ..... Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input checked="" type="checkbox"/> NAD 27 Collection Method: <input checked="" type="checkbox"/> GPS unit (Make/Model: .....) <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																					
<b>2 WATER WELL OWNER:</b> <b>LAWRENCE WITHERS</b> RR#, Street Address, Box #: <b>2298 90TH ROAD</b> City, State, ZIP Code : <b>COPELAND, KS 67837</b>																								
<b>3 LOCATE WELL WITH AN "X" IN SECTION BOX:</b> <div style="text-align: center;">N</div> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">W</td> <td style="width: 40px; text-align: center;">-- NW --</td> <td style="width: 40px; text-align: center;">-- NE --</td> <td style="width: 20px; text-align: center;">E</td> </tr> <tr> <td></td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">-- SW --</td> <td style="text-align: center;">-- SE --</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">S</td> <td style="text-align: center;">S</td> <td></td> </tr> </table> <div style="text-align: center;"> -----1 mile----- </div>		W	-- NW --	-- NE --	E						-- SW --	-- SE --							S	S		<b>4 DEPTH OF COMPLETED WELL</b> <b>644</b> ..... ft. Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL <b>349</b> ..... ft. below land surface measured on mo/day/yr. <b>12-29-201</b> ..... Pump test data: Well water was <b>379</b> ..... ft. after <b>1.5</b> ..... hours pumping <b>1395</b> ..... gpm EST. YIELD..... gpm. Well water was..... ft. after..... hours pumping..... gpm Bore Hole Diameter <b>24</b> ..... in. to <b>644</b> ..... ft., and ..... in. to ..... ft. WELL WATER TO BE USED AS: <input type="checkbox"/> Public water supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Injection well <input type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below) <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Domestic-lawn & garden <input type="checkbox"/> Monitoring well ..... Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, mo/day/yr sample was submitted..... Water well disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
W	-- NW --	-- NE --	E																					
	-- SW --	-- SE --																						
	S	S																						
<b>5 TYPE OF CASING USED:</b> <input checked="" type="checkbox"/> Steel <input type="checkbox"/> PVC <input type="checkbox"/> Other ..... CASING JOINTS: <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Threaded Casing diameter <b>16</b> ..... in. to <b>644</b> ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft. Casing height above land surface <b>12</b> ..... in., Weight <b>42.09</b> ..... lbs./ft., Wall thickness or gauge No. <b>250</b> ..... TYPE OF SCREEN OR PERFORATION MATERIAL: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) ..... <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: <input checked="" type="checkbox"/> Continuous slot <input type="checkbox"/> Mill slot <input type="checkbox"/> Gauze wrapped <input type="checkbox"/> Torch cut <input type="checkbox"/> Drilled holes <input type="checkbox"/> None (open hole) <input type="checkbox"/> Louvered shutter <input type="checkbox"/> Key punched <input type="checkbox"/> Wire wrapped <input type="checkbox"/> Saw cut <input type="checkbox"/> Other (specify) ..... SCREEN-PERFORATED INTERVALS: From <b>391</b> ..... ft. to <b>471</b> ..... ft., From <b>534</b> ..... ft. to <b>624</b> ..... ft. From ..... ft. to ..... ft., From ..... ft. to ..... ft. GRAVEL PACK INTERVALS: From <b>20</b> ..... ft. to <b>644</b> ..... ft., From ..... ft. to ..... ft. From ..... ft. to ..... ft., From ..... ft. to ..... ft.																								
<b>6 GROUT MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other ..... Grout Intervals: From <b>0</b> ..... ft. to <b>20</b> ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft. What is the 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"/> Other (specify below) <input type="checkbox"/> Sewer lines <input type="checkbox"/> Cesspool <input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Fuel storage <input checked="" 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 ..... Direction from well <b>SOUTH &amp; WEST</b> ..... Distance from well <b>120' &amp; 20'</b> .....																								
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS																			
0	2	TOP SOIL	370	382	SAND FINE MED TO COARSE, FEW CLAY																			
2	27	BROWN CLAY	382	410	SAND FINE MED TO COARSE																			
27	76	SAND FINE	410	426	CLAY FEW LIMEROCK																			
76	83	CLAY BROWN	426	471	SAND FINE MED TO COARSE, FEW CLY LD																			
83	96	SAND FINE TO MED	471	508	BROWN CLAY, FEW LIMEROCK																			
96	125	DK BROWN CLAY	508	512	FINE SAND FEW CLAY																			
125	282	SAND FINE MED TO COARSE FEW GR	512	535	BROWN CLAY FEW LIMEROCK																			
282	287	CLAY LIGHT GRY	535	563	SAND FINE TO MED. CLY LAYERS																			
287	314	BLUE CLAY STICKY	563	624	SAND FINE MED TO COARSE, FEW GRVL																			
314	370	SAND FINE MED TO COARSE	624	660	BROWN CLAY FEW LIMEROCK, BLK SHALE																			
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/year) ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>145</b> ..... This Water Well Record was completed on (mo/day/year) <b>11/15/12</b> ..... under the business name of <b>HYDRO RESOURCES</b> ..... by (signature) <i>Barry R. ...</i>																								
<b>INSTRUCTIONS:</b> Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> 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 785-296-5522. 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 <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> .																								