

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No. **20080323**

1 LOCATION OF WATER WELL:		Fraction $\frac{1}{4}$ N/C $\frac{1}{4}$ NW $\frac{1}{4}$		Section Number 14	Township Number T 28 S	Range Number R 33 E/W
County: Haskell				Global Positioning System (decimal degrees, min. of 4 digits)		
Distance and direction from nearest town or city street address of well if located within city? 10N, 1.5W, .5 S of Sublette				Latitude: 37deg 36'58.9"		
				Longitude: 100deg 54'10.5"		
				Elevation: 2991		
				Datum: _____		
				Data Collection Method: _____		
2 WATER WELL OWNER: Kenneth Cox		4 DEPTH OF COMPLETED WELL 570 ft.				
RR#, St. Address, Box # : Rt 1111 Rd 90						
City, State, ZIP Code : Sublette, KS 67877						
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:						
<div style="text-align: center;"> </div>						
		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				
		WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well				
		1 Domestic 3 Feed lot 6 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 x ; If yes, mo/day/yr				
		Sample was submitted _____ Water Well Disinfected? Yes x No _____				
5 TYPE OF CASING USED:		5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped				
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Eagle-Loc Threaded						
2 PVC 4 ABS 7 Fiberglass						
Blank casing diameter 5 in. to 570 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.						
Casing height above land surface 24 in., Weight _____ lbs./ft. Wall thickness or gauge No. SDR 21&17						
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 Gauze 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 430 ft. to 450 ft. From 490 ft. to 510 ft.						
From 550 ft. to 570 ft. From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS:						
From 20 ft. to 570 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 0 ft. to 20 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 below)						
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well						
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well						
Direction from well? _____ How many feet? None observed						
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	
0	4	Top soil				
4	72	Brown clay				
72	280	Sand & gravel, some clay stks.				
280	380	Brown & blue clay				
380	433	Sand & gravel				
433	454	Brown & blue clay				
454	460	Sand fine to med				
460	510	Brown & blue clay				
510	520	Sand fine to med				
520	570	Sandstone & yellow & blue clay				
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) 8/05/08 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) 8/8/08						
under the business name of Tyler Water Well Inc. by (signature) _____						
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 .						

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