

## WATER WELL RECORD

## Form WWC-5

Division of Water Resources App. No. \_\_\_\_\_

<b>1 LOCATION OF WATER WELL:</b> County: Haskell		<b>Fraction</b> ¼ SW ¼ SE ¼ SE ¼		<b>Section Number</b> 30	<b>Township No.</b> T 28 S	<b>Range Number</b> R 34 <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"/> Co Rd BB & Co Rd 120				<b>Global Positioning System (GPS) information:</b> Latitude: 37.5772 (in decimal degrees) Longitude: 101.075 (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		
<b>2 WATER WELL OWNER:</b> Robert Hicks RR#, Street Address, Box #: P.O. Box 488 City, State, ZIP Code: Satanta, KS 67870						
<b>3 LOCATE WELL WITH AN "X" IN SECTION BOX:</b> N W E S -----1 mile-----		<b>4 DEPTH OF COMPLETED WELL 710</b> 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: <input type="checkbox"/> Public water supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Injection well <input checked="" 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 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 type="checkbox"/> No If yes, mo/day/yr sample was submitted..... Water well disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<b>5 TYPE OF CASING USED:</b> <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other Eagle Loc CASING JOINTS: <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded Casing diameter 5 in. to 710 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: <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input checked="" 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 type="checkbox"/> Continuous slot <input checked="" 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 510 ft. to 530 ft., From 570 ft. to 590 ft. From 610-630 ft. to 650-670 ft., From 690 ft. to 710 ft. GRAVEL PACK INTERVALS: From 25 ft. to 710 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 0 ft. to 25 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 North Distance from well 20'						
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS	
0	20	Topsoil Fine Sand Little Clay	500	520	Sand, Sandstone Little Clay	
20	60	Clay Streaks of Sand	520	560	Shale Little Rock	
60	200	Sand & Gravel Little Clay	560	640	Shale Streaks of Sandstone	
200	220	Clay Streaks of Medium Sand	640	680	Sandstone White Little Shale	
220	300	Medium to Coarse Sand Little Clay	680	700	Shale Little Sandstone	
300	340	Clay with Medium Sand	700	720	Red Bed	
340	400	Fine Sand & Clay Streaks				
400	420	Fine to Medium Sand Little Clay				
420	440	Clay Little Fine Sand				
440	500	Fine to Medium Sand Streaks of Clay				
<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) 12-9-11 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) 12-21-11 under the business name of Tyler Water Well Inc. by (signature) _____						
<b>INSTRUCTIONS:</b> 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 <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> .						