

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No. 19143

1 LOCATION OF WATER WELL: Fraction <u>Lot 3 NW 1/4 SW 1/4</u>		Section Number <u>7</u>	Township Number <u>T 29 S</u>	Range Number <u>R 33 E</u>	
County: <u>Haskell</u>		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? From Sublette, appx 3 miles North & 7 Miles West		Latitude: <u>37.5371</u>			
		Longitude: <u>100.9802</u>			
2 WATER WELL OWNER: Kenby Clawson		Elevation: <u>2968</u>			
RR#, St. Address, Box # : RT 1 Box 65F		Datum: _____			
City, State, ZIP Code : Santanta KS 67870		Data Collection Method: _____			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <u>643</u> ft.			
<div style="text-align: center;"> </div>		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.			
		WELL'S STATIC WATER LEVEL <u>356</u> ft. below land surface measured on mo/day/yr <u>7/20/07</u>			
		Pump test data: Well water was _____ ft. after <u>4</u> hours pumping _____ 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)			
		2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>x</u> ; If yes, mo/day/yr			
		Sample was submitted _____ Water Well Disinfected? Yes <u>x</u> No _____			
5 TYPE OF CASING USED:					
1 Steel		3 RMP (SR)	5 Wrought Iron	8 Concrete tile	
2 PVC		4 ABS	6 Asbestos-Cement	9 Other (specify below)	
		7 Fiberglass		CASING JOINTS: Glued _____ Clamped _____	
				Welded <u>X</u>	
				Threaded _____	
Blank casing diameter <u>16</u> in. to <u>643</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface <u>12</u> in., Weight <u>42</u> lbs./ft. Wall thickness or gauge No. <u>.250</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel	5 Fiberglass	7 PVC	
2 Brass		4 Galvanized steel	6 Concrete tile	8 RM (SR)	
			10 Asbestos-Cement	11 Other (specify)	
			12 None used (open hole)		
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot		3 Mill slot	5 Gauge wrapped	7 Torch cut	
2 Louvered shutter		4 Key punched	6 Wire wrapped	8 Saw Cut	
				9 Drilled holes	
				11 None (open hole)	
SCREEN-PERFORATED INTERVALS:					
From <u>383</u> ft. to <u>443</u> ft.		From <u>461</u> ft. to <u>531</u> ft.			
From <u>568</u> ft. to <u>638</u> ft.		From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS:					
From <u>20</u> ft. to <u>643</u> 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 <u>0</u> ft. to <u>20</u> 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	
2 Sewer lines		5 Cess pool	8 Sewage lagoon	11 Fuel storage	
3 Watertight sewer lines		6 Seepage pit	9 Feedyard	12 Fertilizer storage	
				13 Insecticide Storage	
				14 Abandoned water well	
				15 Oil well/ gas well	
Direction from well? <u>South</u>		How many feet? <u>125</u>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Top soil			
2	45	Sandy clay w/lime rock			
45	173	Sand fine to med course			
173	182	Sandy clay			
182	195	Sand fine to med course			
195	214	Sandy clay w/sand beds			
214	234	Sand fine med course w/clay stringers			
234	242	Sandy clay			
242	297	Sand fine to med course			
297	308	Sandy clay			
308	343	Sand fine to med course			
343	364	clay			
364	403	Sand fine to med course			
403	409	Sandy clay			
409	443	Sand fine to med course			
443	461	Sandy clay			
461	510	Sand fine to med w/clay			

510	531	Sand fine to med course			
531	565	Clay w/shale			
565	638	Sand stone			
638	650	Red bed , 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) 07/18/07 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) 06/13/08 under the business name of Henkle Drilling & Supply Co, Inc. by (signature) Bruce Richman.

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>.