

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

26849

1 LOCATION OF WATER WELL: County: Haskell		Fraction $\frac{1}{4}$ NW $\frac{1}{4}$ NW $\frac{1}{4}$ SE $\frac{1}{4}$		Section Number 9		Township No. T 29 S		Range Number 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"/> .				Global Positioning System (GPS) information: Latitude: 37.53957 (in decimal degrees) Longitude: 101.04428 (in decimal degrees) Elevation: 2979 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: Magellan) <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																																																																							
2 WATER WELL OWNER: Mary Clawson RR#, Street Address, Box #: P.O. Box 279 City, State, ZIP Code : Plains, KS 67869																																																																											
3 LOCATE WELL WITH AN "X" IN SECTION BOX: <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; height: 40px; text-align: center;">NW</td> <td style="width: 40px; height: 40px; text-align: center;">NE</td> <td style="width: 20px; text-align: center;">E</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 colspan="2" 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			4 DEPTH OF COMPLETED WELL 637 ft. Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL 351 ft. below land surface measured on mo/day/yr. 3/11/2010 Pump test data: Well water was 440 ft. after 4 hours pumping. 1014 gpm EST. YIELD..... gpm. Well water was..... ft. after..... hours pumping..... gpm Bore Hole Diameter 24 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 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																																																													
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5 TYPE OF CASING USED: <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 16 in. to..... ft., Diameter..... in. to..... ft., Diameter..... in. to..... ft. Casing height above land surface 12 in., Weight 42.09 lbs./ft., Wall thickness or gauge No. 250 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 checked="" type="checkbox"/> Wire wrapped <input type="checkbox"/> Saw cut <input type="checkbox"/> Other (specify)..... SCREEN-PERFORATED INTERVALS: From 385 ft. to 445 ft., From 460 ft. to 530 ft. From 552 ft. to 532 ft., From..... ft. to..... ft. GRAVEL PACK INTERVALS: From 540 ft. to 20 ft., From..... ft. to..... ft. From 637 ft. to 540 ft., From..... ft. to..... ft.																																																																											
6 GROUT MATERIAL: <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 20 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 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..... Distance from well.....																																																																											
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: 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) 6/22/10 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) 7/22/10 under the business name of Hydro Resources by (signature).....																																																																											
INSTRUCTIONS: 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 http://www.kdheks.gov/waterwell/index.html .																																																																											