

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

18,957

1 LOCATION OF WATER WELL: County: Haskell		Fraction ¼ NE ¼ NW ¼ SE ¼	Section Number 32	Township No. T 30 S	Range Number R 32 <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"/> approx. 5.5 miles southwest of Sublette, KS			Global Positioning System (GPS) information: Latitude: 37.38485 (in decimal degrees) Longitude: 100.84030 (in decimal degrees) Elevation: 2915 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																	
2 WATER WELL OWNER: Ruth E. Wright RR#, Street Address, Box #: PO Box 864 City, State, ZIP Code : Sublette, KS 67877																				
3 LOCATE WELL WITH AN "X" IN SECTION BOX: N <div style="display: flex; align-items: center; justify-content: center;"> <div style="text-align: center; margin-right: 10px;">W</div> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td>-- NW --</td><td>-- NE --</td><td> </td></tr> <tr><td> </td><td>X</td><td> </td></tr> <tr><td>-- SW --</td><td>-- SE --</td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> <div style="text-align: center; margin-left: 10px;">E</div> </div> <div style="display: flex; align-items: center; justify-content: center; margin-top: 5px;"> <div style="text-align: center; margin-right: 10px;">S</div> <div style="text-align: center;"> -----1 mile----- </div> </div>					-- NW --	-- NE --			X		-- SW --	-- SE --					4 DEPTH OF COMPLETED WELL 637 ft. Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL 305.....ft. below land surface measured on mo/day/yr. 5/5/11..... 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 24.....in. to 637.....ft., andin. toft. 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			
-- NW --	-- NE --																			
	X																			
-- SW --	-- SE --																			
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 .637..... 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. 0.250..... 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 .356..... ft. to .406..... ft., From .458..... ft. to .528..... ft. From .542..... ft. to .632..... ft., From ft. to ft. GRAVEL PACK INTERVALS: From .20..... ft. to .420..... ft., From .420..... ft. to .637..... ft. From ft. to 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 checked="" 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 None Detected Direction from well Distance from well																				
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS															
0	2	surface	351	406	snd fn-md crse few sm grvl thin cly															
2	30	brown clay	406	422	brown-white clay, few limerock															
30	65	sand fine	422	459	brown clay, limerock															
65	77	sand fine-med coarse sm-lrge grvl	459	500	brown clay, silty sands															
77	100	brown clay, few red clay	500	528	yellow soapstone, some sandstones															
100	130	brown red sandy clay	528	540	shale															
130	301	snd fne-med crse, sm-lrg grvl	540	550	shale, soapstone, couple sandstones															
301	319	brown clay	550	558	sandstone, soapstone															
319	343	blue clay, few blue sands	558	582	sandstone, soapstone															
343	351	blue sand, few thin blue clays	582	600	yellow soapstone, sandstone															
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) 5/5/11..... 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) 5/14/11..... under the business name of Hydro Resources..... by (signature) [Signature]																				
INSTRUCTIONS: 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 785-296-5522. 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 .																				

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Check: ☐ White Copy, ☐ Blue Copy, ☐ Pink Copy