

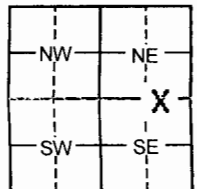
# WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

<b>1 LOCATION OF WATER WELL:</b>		Fraction	Section Number	Township Number	Range Number
County: <b>Haskell</b>		NW ¼ NE ¼ SE ¼	<b>27</b>	T <b>30</b> S	R <b>34</b> E/W
Distance and direction from nearest town or city street address of well if located within city? <b>1 West &amp; 2 South of Satanta KS</b>			<b>Global Positioning System</b> (decimal degrees, min. of 4 digits)		
			Latitude: _____		
			Longitude: _____		
			Elevation: _____		
			Datum: _____		
			Data Collection Method: _____		

**2 WATER WELL OWNER: Joe Heapherman**  
 RR#, St. Address, Box # : \_\_\_\_\_  
 City, State, ZIP Code : **Satanta, KS 67870**

<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> 	<b>4 DEPTH OF COMPLETED WELL 448</b> ft.	
	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 <b>x</b> ; If yes, mo/day/yr _____		
Sample was submitted _____ Water Well Disinfected? Yes <b>x</b> No _____		

**5 TYPE OF CASING USED:**

1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)
2 <b>PVC</b>	4 ABS	7 Fiberglass	<b>Eagle-loc</b>

CASING JOINTS: Glued \_\_\_\_\_ Clamped \_\_\_\_\_  
 Welded \_\_\_\_\_ Threaded \_\_\_\_\_

Blank casing diameter **5** in. to **448** 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 17**

**TYPE OF SCREEN OR PERFORATION MATERIAL:**

1 Steel	3 Stainless steel	5 Fiberglass	7 <b>PVC</b>	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 <b>368</b>	ft. to <b>388</b>	ft. From <b>388</b>	ft. to <b>408</b>
From <b>428</b>	ft. to <b>448</b>	ft. From _____	ft. to _____
From <b>30</b>	ft. to <b>448</b>	ft. From _____	ft. to _____

**GRAVEL PACK INTERVALS:**

From _____	ft. to _____	ft. From _____	ft. to _____
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**6 GROUT MATERIAL:**

1 Neat cement	2 Cement grout	3 Bentonite	4 Other _____
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Grout Intervals From **6** ft. to **30** 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	<b>None observed</b>

Direction from well? \_\_\_\_\_ How many feet? \_\_\_\_\_

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	10	Fine sand	358	371	Sand fine to med
10	40	Clay & caliche	371	400	Sandy clay & sand stks.
40	60	Sand & gravel	400	440	Sandstone & some clay
60	77	Brown clay	440	460	shales
77	120	Sand & gravel			
120	134	Brown clay			
134	312	Sand & clay stks			
312	328	Sandy clay			
328	336	Sand med to coarse			
336	358	Sandy 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) **11/10/08** 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) **11/11/08** under the business name of **Tyler Water Well Inc.** by (signature) *[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>.

White Copy

KSA 82a-1212

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