

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>KINGMAN</u>	<u>NE 1/4 NW 1/4 NE 1/4</u>	<u>22</u>	<u>T 30 S</u>	<u>R 7 E</u>

Distance and direction from nearest town or city street address of well if located within city? 5 MI. SOUTHEAST OF FACIL

Global Positioning Systems (decimal degrees, min. of 4 digits)

Latitude: NORTHING 10106.2036Longitude: EASTING 9892.5805Elevation: 1532

Datum:

Data Collection Method:

2 WATER WELL OWNER: AIR FORCE RESTORATION PMO
 RR#, St. Address, Box # : 3300 SIDNEY BROOKS
 City, State, ZIP Code : BROOKS CITY, TX 78235

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N	
--NW--	--NE--
--SW--	--SE--
S	

4 DEPTH OF COMPLETED WELL ft. 78'

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 Feedlot 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; If yes, mo/day/yr

Sample was submitted..... Water well disinfected? Yes No

6" STEEL SURFACE CASING ; 2" PVC RISER & SCREEN

5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued..... Clamped.....
Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded.....
PVC 4 ABS 7 Fiberglass (Threaded)

Blank casing diameter in. to ft. Diameter in. to ft. Diameter in. to ft.

Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No. 2.4 40

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel 3 Stainless Steel 5 Fiberglass PVC 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 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)

2 Louvered shutter 4 Key punched Wire wrapped 8 Saw Cut 10 Other (specify)

SCREEN-PERFORATED INTERVALS: From ft. to ft. From ft. to ft.

GRAVEL PACK INTERVALS: From ft. to ft. From ft. to ft.

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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) 11-18-09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 102 This Water Well Record was completed on (mo/day/year) 1-5-2010 under the business name of Layne Christensen by (signature) Bob Krum

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline 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.kdhe.state.ks.us/geo/waterwells>.

NE 1/4 of NW 1/4 of NE 1/4
 T 30 S
 R 7 W
 SECTION 22

